



NORTHUMBERLAND COUNTY COUNCIL

ANNUAL REPORT

OF

THE COUNTY
MEDICAL OFFICER
OF HEALTH

FOR THE YEAR

1965





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OF HEALTH

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1965

HEALTH COMMITTEE, 1965

Chairman :

Alderman Sir NICHOLAS GARROW, O.B.E.
(Chairman of the County Council)

Vice-Chairman :

Alderman Miss M. E. S. FLEMING

Alderman :

ALLAN, Mrs. M.
BRIGGS, A., O.B.E.
GRAY, J.
JACKSON, W.
LANGMAN, Mrs. C.

MITCHELL, Mrs. E. W.
RICHARDSON, Mrs. J.
ROBSON, The Revd. R. E., D.C.L.
SHARP, Mrs. J.

Councillors :

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BARRASS, J. T.
CARR, Mrs. C.
CHAPMAN, S.
CHARTRES, R. A. H.
COWE, W.
CULLEN, J.
DIXON, N. J.
DODSWORTH, Mrs. D.
DUFFIN, Mrs. W.
EASTON, T.
FORSTER, Mrs. E.
FREAR, G. M.
HEPPELL, Mrs. J. G. M.
HETHERINGTON, A.
HOPPER, Mrs. E.

HORN, Mrs. M., M.B.E.
HORN, T.
MABON, A.
MATHESON, T.
MC CARTHY, C.P.
MCFADYEN, J. A.
MOORE, J. S.
ORDE, Mrs. C. L.
PATTERSON, Mrs. R. E.
PEILE, G. H., M.C.
PHILLIPS, J., D.C.M.
SIMPSON, P.
SULLIVAN, W. R.
SUMMERS, Mrs. L. M.
SUTHERLAND, Lady M.
WAKE, Mrs. A., M.B.E.
WYLIE, Mrs. M. E.

Co-opted Members :

PAULIN, Mrs. J. S. C.
QUEEN, Mrs. E.
SLACK, W. RENTON B.

TOWERS, Dr. A. K.
WILLIAMSON, Miss M. M., O.B.E.

Ex-Officio Members :

Alderman D. DAWSON, O.B.E. (Vice-Chairman of the Council)
Alderman J. BROTHERTON (Chairman of the Finance Committee)

Standing Sub-Committees :

Finance and General Purposes
Midwifery, Nursing and Child Care
Mental Health
Ambulance Services
Family Care
Area Health Sub-Committees (8)

STAFF OF THE HEALTH DEPARTMENT

County Medical Officer and Principal School Medical Officer	.. ..	J. B. Tilley, M.D., B.S., B.Hy., D.P.H.
Deputy County Medical Officer	.. ..	W. Minns, M.B.E., M.B., B.S., B.Hy., D.P.H.
Senior Maternity and Child Welfare Medical Officer	.. ..	Doris Story, M.B., B.S., D.P.H.
Senior School Medical Officer	.. ..	J. Deegan, M.B., B.S., D.P.H.
Area Executive Medical Officers—		
North 1 and 2 Areas	.. ..	J. McCormack, M.B., B.S., D.P.H.
Central Area	.. ..	Catherine B. McGregor, M.B., Ch.B., D.P.H.
East Area	.. ..	A. Donaldson, M.B., Ch.B., D.P.H.
South Area	.. ..	H. C. T. Smith, M.B., Ch.B., D.P.H., D.P.A. (Commenced 11/1/65)
South East Area	.. ..	A. W. Hay, M.B., B.S., D.P.H.
Wallsend Area	.. ..	G. M. Cubie, M.B., Ch.B., D.P.H.
West Area	.. ..	J. M. McEwan, M.B., Ch.B., D.P.H.
County Welfare Officer	.. ..	D. N. Holt
Administrative Assistant	.. ..	E. W. Woodcock
Assistant County Medical Officer and School Medical Officer	.. ..	Isobel J. McLarty, M.B., Ch.B. (Resigned 9/5/65) Valerie Hawley, M.B., B.S. (Commenced 1/7/65)
Assistant County Medical Officers (Maternity and Child Welfare)	.. ..	Margaret Jordon, M.B., B.S. Anna M. Reid, M.B., Ch.B., D.P.H. Blanche Sykes, M.R.C.S., L.R.C.P., D.P.H. *Frances A. Potter, B.Sc., M.B., Ch.B.
School Medical Officers	.. ..	W. W. Burnett, M.B., Ch.B., M.R.C.S., L.R.C.P., D.C.H. (Died 22/12/65) Mary W. Dewell, M.B., B.S. F. W. Fordyce, M.B., B.S. Marion Harrison, M.B., B.S., D.P.H. (Commenced 1/9/65) J. F. Mather, B.Sc., M.B., B.S., D.P.H. (Commenced 1/5/65) N. D. Mackichan, B.A., M.B., B.Chir. Margaret H. McKeith, M.B., B.S. *Beatrice M. Noble, M.B., B.S. Mary E. A. C. Patterson, M.B., B.S. (Commenced 1/5/65) R. B. Smith, M.B., Ch.B. Pauline Taylerson, M.B., B.S. (Resigned 31/1/65)
Chest Physicians*	.. ..	J. M. Gilmore, M.D., D.P.H. J. R. Lauckner, M.B., Ch.B., M.R.C.P., F.R.F.P.S. A. R. Somner, M.D., F.R.C.P.E. C. Verity, M.D., D.P.H. F. L. Wollaston, M.R.C.S., L.R.C.P.
Principal Dental Officer	.. ..	A. E. Robinson, F.D.S.R.C.S.
Deputy Principal Dental Officer	.. ..	T. A. Ireland, L.D.S.

Staff of the Health Department—*continued*

Orthodontist	G. W. Pettigrew, L.D.S., D.D.O.
Dental Officers	<p>Sheila D. Bennett, B.D.S. (Nee Pritchard) Patricia A. Brantingham, B.D.S. Brenda Britton, B.D.S. C. L. Carmichael, B.D.S. H. J. Coombes, L.D.S. Sheila M. Crute, B.D.S. Wilma S. Drury, L.D.S. R. S. Ferrell, L.D.S. R. M. Foulds, L.D.S. Margaret P. Furness, B.D.S. (Commenced 1/9/65) Helen C. Gent, B.D.S. P. S. Hagyard, B.D.S. (Commenced 1/9/65) W. Hedley, B.D.S. J. F. Horseman, L.D.S. J. D. Lamb, B.D.S. (Commenced 1/9/65) Margaret I. Lamb, L.D.S. G. C. J. Long, B.D.S. T. M. Mahadervan, L.D.S. Sandra M. Michelson, B.D.S. (Commenced 1/1/65) W. P. Neilson, L.D.S. C. A. Nutt, L.D.S. W. Robson, L.D.S. S. J. Smithson, L.D.S. Freya M. Strong, B.D.S. (Resigned 30/6/65) E. G. Stuart, B.D.S. R. W. Whittingham, B.D.S. Shirley E. Williams, L.D.S. (Nee Long) J. B. Wilson, B.D.S. (Resigned 31/7/65)</p>
Dental Auxiliary	Susan Weatherill
County Nursing Officer	<p>Ann A. Graham, O.B.E., S.R.N., H.V. Cert., F.R.S.H. (Retired 31/3/65) Yvette Esme Buckoke, S.R.N., S.C.M., H.V.Cert., Nursing Admin. (Public Health) Cert. (Commenced 1/4/65)</p>
Deputy County Nursing Officer (Health Visiting)	Yvette Esme Buckoke, S.R.N., S.C.M., H.V.Cert., Nursing Admin. (Public Health) Cert. (C.N.O. from 1/4/65)
Deputy County Nursing Officer (Midwifery and Nursing)	Mary Gilliland, S.R.N., S.C.M., H.V. Cert.
Assistant County Nursing Officer (Health Visiting)	<p>Mary Atkinson, S.R.N., S.C.M., H.V.Cert. (Retired 31/1/65) Audrey Howe, S.R.N., H.V.Cert. (Commenced 22/3/65)</p>
Health Visitors	94
Midwives	24
District Nurse/Midwives	60
District Nurses	42

Staff of the Health Department—*continued*

Social Worker	Dorothy L. Dunn
Family Caseworker	J. K. Fletcher, Cert.S.S. (Liverpool) (Resigned 22/5/65)
County Health Inspector	D. Lister, Cert.S.I.B., F.R.S.H., F.A.P.H.I.
Ambulance Officer	H. Wade
Station Officers	12
Ambulance Drivers	119
Senior Mental Welfare Officer	L. Armstrong
Mental Welfare Officers	S. Atkinson J. H. Davison (Commenced 11/10/65) W. C. Elliott G. T. Harrison J. E. Kendall T. Pattie W. R. Pringle J. J. D. Richardson R. Tebble C. I. Vass J. E. Walker (Commenced 1/11/65)
Welfare Assistant	Winifred Edgar (Resigned 8/9/65) Maud Winters (Commenced 18/10/65)
Supervisors of Training Centres—	
Alnwick	G. Cummings
Ashington	Nancy E. Anderson
Bedlington	Margaret Fisher
Berwick	Alfreda M. Small
Hexham	Margaret Usher
Prudhoe	Margaret Tulip
Wallsend	G. Sanderson,
Home Help Organisers	Mary J. W. Beal Doreen Grose (Retired 31/12/64) Jean R. Mitchell Mary Murphy (Commenced 11/1/65) Anne Taylor
Home Helps	880
Chiropodists	Jean M. Crammond, A.Ch.S. (Resigned 24/10/65) Robert J. Falkous, L.Ch. J. Flynn, L.Ch., H.Ch.D. *Mavis Jackson, M.Ch.S. (Commenced 4/10/65) *Mary M. C. Kerr, M.Ch.S. (Commenced 17/9/65) Sheila Mackay, M.Ch.S. *Patricia M. McMillan, M.Ch.S. (Commenced 14/6/65 — Resigned 30/11/65) *Barbara A. Vernon, M.Ch.S. (Commenced 2/11/65) Jacqueline P. Watson, M.Ch.S. Christine A. H. Weir, M.Ch.S. (Commenced 29/11/65)

Staff of the Health Department—*continued*

Supervisor of Welfare of the Handicapped.. ..	..	..	Eileen Metcalfe
Home Teachers of the Blind ..	..		Joan Duell Jane T. Hogarth Isobel M. Kay Hilary G. Loten Mary Marshall Margaret McGuire Joyce H. I. Thompson
Welfare Visitor for Physically Handicapped.. ..	..	..	M. Winifred Patterson
Welfare Assistants .. ..	..	..	Joan C. Lamb Lillias Tuck
Handcraft Instructors ..	..	..	Maureen M. F. Bainbridge *N. Brown (Died 15/5/65) *Margaret J. H. Cadzow, M.A.O.T. (Commenced 8/12/65) Mavis A. Curry *Rachel Darling, M.A.O.T. Elizabeth Garbutt Sylvia A. Maw
Superintendents and/or Matrons of Welfare Homes—			
Essendene, Ashington ..	..	..	Marguerite M. Barnfather
Bell View, Belford ..	..	..	Annie Barrs
Greenhaven, Berwick ..	..	..	H. Broadbent and Gladys L. Broadbent, S.R.N., S.C.M.
Cowpen House, Blyth ..	..	..	Beatrice I. Colvin
Doxford Hall, Chathill ..	..	..	Dorrien Shirran, S.R.N., S.C.M.
Greenholme, Haltwhistle ..	..	..	R. M. Costelloe and Mary C. Costelloe
Nicholas Garrow Home, Hepscott..			Mary E. Mattison
Haining Croft, Hexham ..	..	..	Marion J. Hay
Merley Croft, Morpeth ..	..	..	Eleanor N. Thompson, S.E.N.
Northfield, Morpeth..	..	..	W. J. Minter and Mary Minter, S.R.N.
Springfield, Morpeth ..	..	..	do. do.
Priorsdale, Newcastle ..	..	..	Isabella J. McGarrigle, S.E.N.
Thomas Taylor Homes, Stannington			W. J. Minter and Mary Minter, S.R.N.
Tynedale, Wallsend ..	..	..	Mary N. Roche
Ralph Allan Home, Warkworth	J. C. Cooke and Megan Cooke, S.E.N.
Earsdon Grange, Whitley Bay	Lucy Whiteman, S.E.N.

*Part Time

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TO THE CHAIRMAN AND MEMBERS OF THE
NORTHUMBERLAND COUNTY COUNCIL

Mr. Chairman,

I have the honour to present the Annual Report on the health of the county for 1965, which is the 73rd report in the series.

The increasing success of the efforts of all those concerned with preventing the loss of infant life in the county has been reported with almost monotonous regularity in recent years, but never before has there been such a signal improvement in one year. The infant mortality rate which reflects these efforts fell to a level of 16.05 in every 1,000 births, which was appreciably less than the national figure and comparable for the first time with rates that have been achieved in several countries abroad : this must be a matter of considerable satisfaction to all the medical and nursing personnel engaged in obstetric and child care. It is less satisfactory that the considerable achievements in this field, in infectious disease prevention and in the field of tuberculosis are offset by the mortality caused by accidents which are preventable but are not prevented, though the slight reduction in road deaths during the year despite the increasing motor traffic must be welcomed.

The pattern of the health service undergoes continuous change and nowhere is this more so than in obstetrics. No less than 85% of babies in Northumberland are now born in hospital, and indeed almost 100% hospital confinement has been achieved in the area served by the Castle Hills Maternity Hospital, Berwick. This situation has arisen in the county through the change in practice of the hospitals with the discharge of mothers and babies as early as 48 hours after delivery in appropriate cases. No ill effects have followed this policy of early discharge, and it seems unlikely that mothers will choose to go back to the old traditional prolonged stay in the maternity hospital when more beds are available. It seems highly probable that 100% confinement in hospital will be possible in the near future in several areas in the county when the Ashington Hospital maternity unit comes into operation and more beds are provided at the Newcastle General Hospital, and in any event the considerable impact these additional beds will have on the domiciliary midwifery service make it necessary to give careful consideration to the staffing needs of this service and its future relationship to the hospitals.

The importance of closer association between the parts of the National Health Service has become increasingly clear in recent years, and changes are occurring which are aimed at achieving this. The family doctors and the staff of the health department are all concerned with the care of the individual and the more closely they can work together the better the service that should ensue. I referred last year to the beginning of a scheme for the close co-

ordination of health visitors with general practices, and this report contains a full account of the progress that has been made and the success that has been achieved both with health visitor and district nurse attachment. There can be no doubt that the full development of a domiciliary team which can follow this arrangement is to the advantage of the patient, and equally that the doctor, the health visitor and the district nurse all derive benefit in different ways for this system. It seems that in Northumberland the scheme is proving to be an almost unqualified success.

Progress was maintained, albeit rather slowly, with the provision of clinic premises and two new clinics were opened during the year, bringing the total to 27 new clinics since the programme was drawn up. Satisfactory premises permit not only the achievement of high standards of professional work but expansion in the scope and range of the services that can be provided. The clinics have long been used by a large number of family doctors for ante-natal care, and an increasing number are taking the opportunity to use the facilities of the clinics for taking cervical smears for the early detection of changes leading to cancer of the cervix uteri. A good deal of progress was made with this relatively new preventive measure in association with the Institute of Pathology at the Newcastle General Hospital, and 5,300 smears were submitted for examination compared with 1,600 in the previous year. Nearly 900 of these were taken by the doctors on the staff of the department. Considerable expansion was still needed in this field and some of this has already taken place since the end of 1965.

The use of the clinics for the traditional child health work continued unabated and a record number of more than 32,000 children attended. Tests for hearing and for possible metabolic abnormalities have become part of the routine, and it is significant that the clinics are increasingly concerned with developmental examinations.

The close association with consultant psychiatrists and the mental hospitals which the department achieves in its work of community care in the mental health field was maintained at a high level throughout the year. The consultant psychiatrist from Northgate Hospital held regular sessions for subnormal patients in five of the department's clinics, and a consultant psychiatrist from St. George's Hospital held sessions in another. St. George's Hospital was particularly helpful in holding regular meetings for the department's staff, who in their turn gave student nurses experience in community care. The number of visits to the mentally ill that the mental welfare officers have made has increased by 88% in five years as a result of this association, and considerable benefit to the patient at home can arise from their knowledge of the period of treatment in hospital. The development of psychiatric social clubs, two of which are held in the Council's training centres, has proved to be of great value in the support of patients : this is

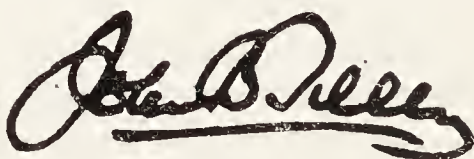
another area in which the mental welfare officers, the social workers of the hospital and the psychiatrists are all working together.

The greatest change in the department arose from the Council's decision to place upon the Health Committee the responsibility for all of its services under the National Assistance Act. This decision, which was in line with the recommendations of the Guillebaud Committee in 1956, followed the pattern adopted in recent years by many authorities. The health department had been responsible for the administration of the services for the handicapped from their inception, but this report refers for the first time to all 16 of the Council's homes. The change-over was carried out smoothly and without difficulty.

The annual review of the health of the county and the work of my department covers the work of many people in many fields. The home helps looking after 4,000 families, the ambulance staff carrying nearly a quarter of a million patients, the administrative staff in the central and area offices, and the social workers for the elderly and the handicapped all have an integral and important part to play in the complex mechanism of care in the community. I am indebted to all of them for their interest in the service throughout the year. Miss Ann Graham retired during the year from her post in charge of the whole of the public health nursing service. I would record how much my colleagues and I valued the fine work that she did for the department and her staff. Miss Graham's great professional skill and administrative ability made her an outstanding figure in her field, and I would wish her well in her retirement. I have received great support from her successor and from all my professional colleagues in the department to whom I would express my thanks. Our success in maintaining standards and extending the field of our useful effort depends finally on the Health Committee and I would record my appreciation of the help and support I have received from you, Sir, and the members of the Committee.

I am, Sir,

Your obedient Servant,



County Medical Officer of Health.

COUNTY HALL,

NEWCASTLE UPON TYNE, 1.

Telephone : Newcastle 28927.

REPORT OF THE COUNTY MEDICAL OFFICER OF HEALTH FOR THE YEAR 1965

VITAL STATISTICS

Population	498,430
Live Births—	
Number	8,039
Rate per 1,000 population	16.1
Illegitimate Live Births (per cent of total live births)	4.5
Still Births—	
Number	138
Rate per thousand total live and still births	16.9
Total live and still births	8,177
Infant Deaths (under 1 year)	129
Infant mortality rates—	
Total infant deaths per 1,000 live births	16.0
Legitimate infant deaths per 1,000 legitimate live births	15.5
Illegitimate infant deaths per 1,000 illegitimate live births	27.8
Neo-natal mortality rate (deaths under 4 weeks per 1,000 total live births)	12.0
Early neo-natal mortality rate (deaths under 1 week per 1,000 total live births)	10.9
Perinatal mortality rate (still births and deaths under 1 week per 1,000 total live and still births)	27.6
Maternal mortality (including abortion)—	
Number of deaths	2
Rate per 1,000 total live and still births	0.2

Population

Despite the decline in population of the rural areas and the changes brought about by the contraction of the mining industry, the population of the county continues to increase.

The figure of 498,430 estimated by the Registrar General for the year represented an increase of almost 4,000 on the previous year. Of this 1,869 represented the natural increase of births over deaths and 2,121 was due to movement into the county.

If the increase in population is measured over a period of years it is seen to be appreciable. The figures for the period of the war are affected by the armed forces, but in the period since the last complete year before the war the increase is 93,000 or 23% of the population at that time. Nevertheless, it must be noted that 5 of the rural districts have less population than they had 20 years ago.

BIRTH RATE

The birth rate was reduced for the third successive year, and the rate of 16.1 per 1,000 population was the lowest recorded for more than 20 years. There were 8,039 live births which was 267 less than the previous year.

INFANTILE MORTALITY

The fall in infant mortality over the past 50 years or so has become so much a feature of vital statistics that the graph showing the fall in the county was omitted from this report some years ago. In the past 10 years, however, the decline has been slower and, although the county figure has on three occasions been less than the figure for England and Wales, it had only once fallen below 20 per 1,000 births until this year. The figure for 1965 was 16.05 which represents a really remarkable reduction and is lower than any of the neighbouring local health authorities. More detailed reference to this with the lower figures for neonatal and perinatal mortality is made later in the report.

GENERAL DEATH RATE

There were 6,170 deaths during the year which result in a crude death rate of 12.38 per 1,000 population and a corrected rate of 12.62. While this is higher than the national rate it is lower than that of the neighbouring authorities in the north-east.

PRINCIPAL CAUSES OF MORTALITY

The total number of deaths from all causes was 6,170. The chief causes are shown in the following table :—

				Number of Deaths		
				1965	1964	1963
Heart Disease :—						
Coronary Disease, Angina ..				1370	1258	1270
Hypertension with Heart Disease				86	88	88
Other				665	639	782
				— 2121	— 1985	— 2140
Malignant Neoplasm :—						
Stomach				159	150	138
Lung, Bronchus				247	259	252
Breast				84	90	86
Uterus.. .. .				41	45	48
Other				541	495	453
				— 1072	— 1039	— 977
Vascular Lesions of Nervous System				1048	874	1007
Bronchitis				338	311	308
Pneumonia				284	252	281
Motor Vehicle and other Accidents.. .. .				237	270	236
Other Diseases of Circulatory System				256	237	255
				5,356	4,968	5,204

The table of the principal causes of death shows no new trend : the majority of the deaths arise from conditions associated with increasing age, with diseases of the heart and blood vessels the major cause. The total number of deaths from malignant disease was greater than ever before though there was a very small decrease in deaths from lung cancer. A comparison with the corresponding table for 1945 shows that, while nephritis and tuberculosis have been eliminated from the list, deaths from accidents including road accidents have become a major cause of mortality, and that heart disease and cancer have each increased their toll by about half. Road accidents account for about a third of the accident deaths, and a large proportion of the remainder occur as a result of accidents to old people : in both categories there was a slight decrease in 1965.

INFECTIOUS DISEASES

Only 30 cases of whooping cough were notified during the year compared with 129 and 326 in the preceding years.

Diphtheria, smallpox and poliomyelitis were absent from the county and the only outbreak worth noting was a total of 448 cases of dysentery, of which 197 occurred in Morpeth Rural District. Over 100 of these cases were notified during the third quarter of the year and occurred chiefly among children at Pegswood school. It was not possible to find the cause of the outbreak which was of a mild type but it seemed certain that the school meals service at the school was not responsible.

There was no epidemic of food poisoning during the year and the 12 cases notified occurred sporadically in 8 county districts.

ROAD SAFETY

Mr. C. H. Cooksley, the Chief Constable, has kindly forwarded me a copy of his annual report and the following facts are given about road accidents.

The total number of road accidents recorded was 5,804 and there were 78 persons killed, 873 seriously injured and 2,160 slightly injured. The corresponding figures for last year were 5,232 accidents, 94 killed and a total of 2,700 persons injured. The graph on the next page shows variations since 1954, and the satisfactory fall in the number of fatalities this year, in spite of increased cars on the road, is well demonstrated. The 78 fatalities have been analysed as follows :—

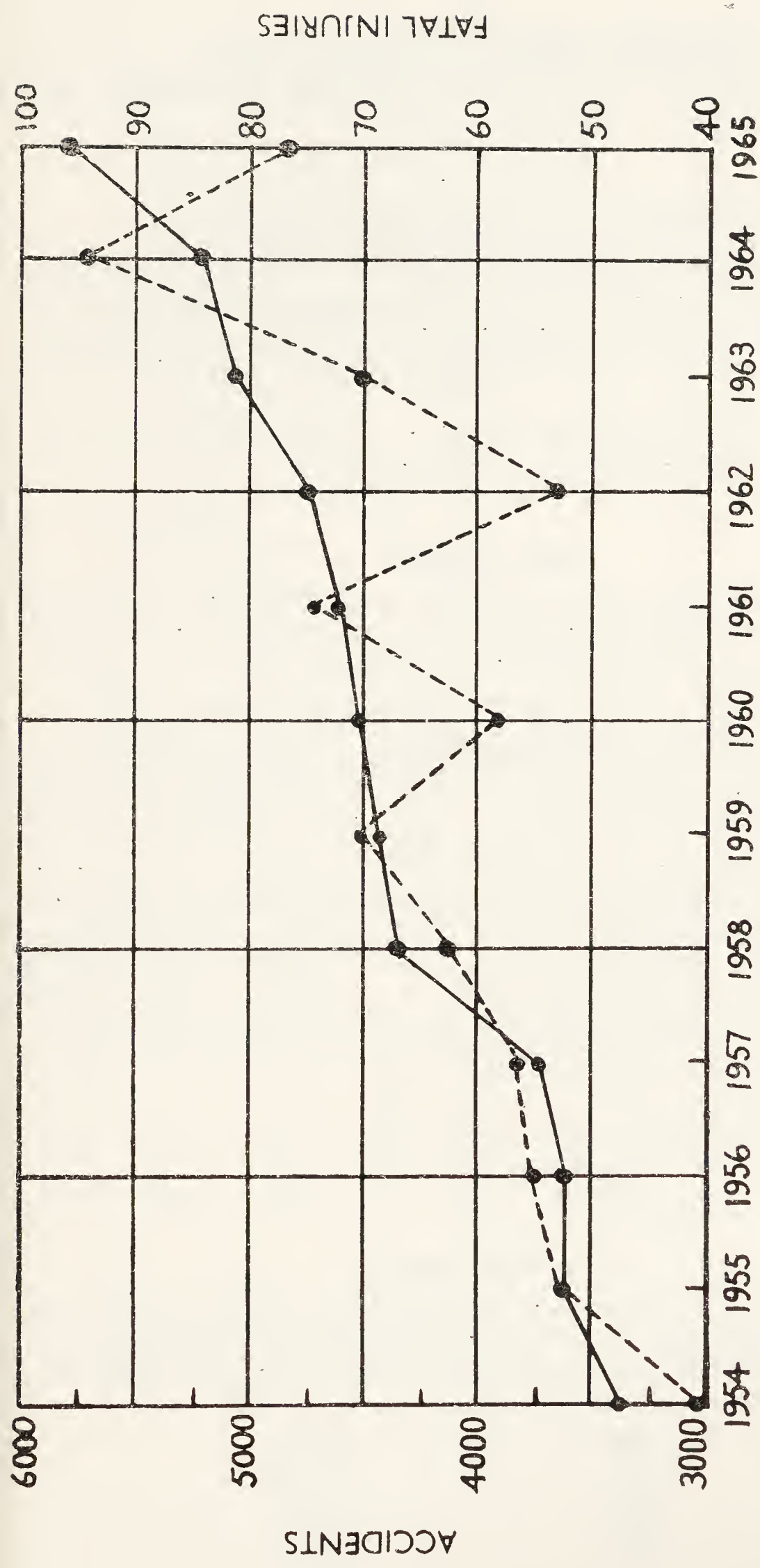
(a) Children under 15 years	Pedestrians	5	} 6
	Others	1	
(b) Adults 15 to 60 years	Drivers	15	} 51
	Passengers	13	
	Pedestrians	13	
	Motor Cycle Riders	8	
	Others	2	

(c) Adults over 60 years	Pedestrians	14	} 21
	Passengers	6	
	Cyclists	1	

The report gives details of the road casualties at Bank Holiday periods and during the four holiday weekends 5 persons were killed and 229 injured, a slightly higher figure than 1964.

Castle Ward and Morpeth Rural Districts had the highest death rate on the roads while it is pleasant to record no deaths in the Borough of Morpeth, in the Urban Districts of Amble, Hexham and Prudhoe, and in the Rural Districts of Belford and Rothbury.

As in previous years the most dangerous roads were the trunk road A.1 between the county boundary and Seaton Burn with a total of 255 accidents and 1 death and the Coast Road A.1058, shortly to become a dual carriageway, with 138 accidents and 3 deaths.



NATIONAL HEALTH SERVICE ACTS MATERNITY AND CHILD WELFARE SERVICES

(Dr. D. STORY)

Notification and Registration of Births

The live birth rate showed a slight fall from 16.8 to 16.1 per thousand population and the total births registered fell from 8,306 to 8,039. The birth rate for England and Wales was 18.0 compared with an adjusted rate for the county of 16.3 per thousand population.

Notified births numbered 8,106 and 6,950 of these, which is 85.7%, took place in hospital or nursing home.

Still Births

The rate increased from 15.9 to 16.9 per thousand registered births. This was higher than the rate for the whole country which is 15.7. Of the 138 still births in the county 85 were premature.

Premature Births

The incidence of prematurity again showed a slight fall from 522 to 500 births. This is 6.1% of total births, the same as 1964.

The number of neo-natal deaths in premature babies born in hospital was 49 out of a total of 370 such births. The following statistics are of interest :—

	1963	1964	1965
Premature births per cent of total births ..	6.4	6.1	6.1
Premature live births per cent of total live births	5.6	5.4	5.2
Premature neo-natal deaths per cent of total neo-natal deaths	57.0	47.5	54.6
Premature still births per cent of total still births	50.3	54.1	61.6
Premature babies survived 4 weeks per cent of total live premature births.. .. .	85.4	86.9	87.0

Neo-Natal Deaths

The mortality of babies in the first four weeks of life fell from 14.9 to a rate of 12.07 per thousand live births. In the five years 1955 to 1959 the rate varied from 19.0 to 17.47, and the figures for the last five years are as follows :—

1961	..	..	14.91
1962	..	..	16.47
1963	..	..	14.38
1964	..	..	14.93
1965	..	..	12.07

It will be seen from the following table that of the 8,039 live births, 97 babies died before reaching the age of one month, compared with 124 last year :—

Prematurity	40
Congenital abnormalities..	10
Hyaline Membrane	7
Congenital heart defect ..	8
Cerebral haemorrhage	2
Pneumonia	1
Atelectasis.. .. .	3
Asphyxia Neonatum	1
Cerebral Anoxia	9
Haemolytic disease of Newborn	2
Respiratory Distress Syndrome	6
Neonatal Volvulus	1
Intestinal Atresia.. .. .	1
Pulmonary Infarction	1
Cyanotic Heart Disease	1
Bronchitis	1
Werdnig Hoffman Disease	1
Convulsions	1
Neonatal Hepatitis	1
TOTAL	97

Prematurity was an associated cause in 10 of these deaths.

The early neo-natal mortality rate, i.e. deaths under one week per thousand live births was 10.9 compared with 12.7 last year.

Infant Deaths

There was a welcome fall in the infant mortality rate from 20.1 to 16.0 since the number of babies who died in their first year was 129 compared with 167 in 1964. The details are shown in the table on the next page.

The infant mortality rate for England and Wales is 19.0.

	Boroughs and Urban Districts			Rural Districts			Total		
	M.	F.	T.	M.	F.	T.	M.	F.	T.
Meningococcal Infections	1	—	1	—	—	—	1	—	1
Measles	1	—	1	—	—	—	1	—	1
Leukaemia, Aleukaemia	1	—	1	—	—	—	1	—	1
Other Malignant and Lymphatic Neoplasms	1	—	1	—	—	—	1	—	1
Pneumonia	4	4	8	—	1	1	4	5	9
Bronchitis	1	2	3	—	—	—	1	2	3
Gastritis, Enteritis and Diarrhoea..	1	1	2	—	—	—	1	1	2
Congenital Malformations	10	11	21	—	5	5	10	16	26
Other defined and Ill-defined diseases	42	19	61	10	5	15	52	24	76
Motor Vehicle Accidents	1	—	1	—	—	—	1	—	1
All other accidents	1	4	5	1	2	3	2	6	8
TOTALS	64	41	105	11	13	24	75	54	129

Illegitimate Births

The total of 8,177 live and still births included 363 which were illegitimate and of these 3 were still born. Illegitimate births have increased to 4.9% of all births compared with 3.9% last year and 4.0% in 1963.

Perinatal Mortality

The perinatal mortality rate is the sum of the early neo-natal deaths plus still births per thousand total births.

There were 88 early neo-natal deaths and 138 still births and the resultant perinatal mortality rate is 27.6 compared with 28.5 last year.

The rates in Northumberland over the last five years, compared with the national rate, were as follows :—

<i>Year</i>	<i>Northumberland</i>	<i>England & Wales</i>
1961	32.4	32.2
1962	32.0	30.8
1963	31.0	29.3
1964	28.5	28.2
1965	27.6	26.9

Maternal Mortality

There were two maternal deaths which represents a rate of 0.24 per thousand total births compared with the figure for the whole country of 0.25.

The deaths took place in hospital and the causes were as follows :—

1. 1 (a) Cardiac arrest.
(b) D & C for missed abortion.
2. 1 (a) Coronary Thrombosis.
(b) Upper segment caesarian section for transverse lie in labour.

VITAL STATISTICS.

Rates for Northumberland compared with England and Wales.

Year	Still Births		Neo Natal Mortality		Early Neo Natal Mortality		Perinatal Mortality		Infant Mortality		Maternal Mortality	
	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.	County	E. & W.
1961	20.3	19.0	14.9	15.3	12.4	13.4	32.4	32.0	19.7	21.4	0.49	0.33
1962	19.3	18.1	16.4	15.1	13.0	15.0	32.1	30.8	23.2	21.7	0.23	0.35
1963	18.5	17.2	14.3	14.3	12.7	14.2	31.0	29.3	20.7	21.1	0.23	0.28
1964	15.9	16.3	14.9	13.8	12.7	12.1	28.5	28.2	20.1	19.9	0.12	0.25
1965	16.9	15.7	12.0	13.0	10.9	11.3	27.6	26.9	16.0	19.0	0.24	0.25

Child Welfare Clinics

Although statistics bear out the clinical impression that children are healthier than ever before there is a growing tendency for them to be brought to a clinic to check that they are developing normally. In this way, it is possible to detect any tendency to abnormality at an early stage. The number of children attending clinics rose by 300 this year.

The clinics have now become more orientated towards developmental examinations and screening techniques, particularly in the case of those children who, owing to conditions present at birth, may be prone to developmental abnormalities. Only with the earliest possible detection can treatment of defects be wholly effective.

In addition to regular medical examinations every baby has a phenistix test at approximately 10 days and at 6 weeks, and a hearing test is performed at 7 — 9 months.

Of 8,039 children born during 1965, 7,160 attended at clinics for examination.

Year.	No. of Clinics.	No. of half-day sessions held.	Total No. of children attending.	Total attendances.
1961	93	5,817	28,240	147,923
1962	91	5,970	28,985	155,052
1963	93	5,978	30,886	151,297
1964	94	6,120	31,910	161,024
1965	92	6,079	32,219	155,321

Year of Attendance	Number of children who attended :—		
	Born in years :—		
1964	1964	1963	1959/62
	7,734	7,606	16,570
1965	Born in Years :—		
	1965	1964	1960/63
	7,160	8,096	16,963

During the year new clinics were opened at Cowpen and Chapel House Estate. These new premises are of great benefit to the families in the area and account in part for the increased number of children attending.

At Chapel House clinic some of the general practitioners hold child welfare clinics, as well as carrying out ante-natal clinics.

OBSERVATION REGISTER

Arrangements have been made for notification on the back of the birth notification card of any condition which might be detrimental to the normal development of the child. These children are kept under observation and a register has been kept in each clinic of such children in the area.

The developmental progress of the child is followed by the doctor at the clinic and any defect found is noted and treatment is instituted if required.

During the year 1,518 children were put on the register, this being 18.8% of children born during the year. 122 of these children were found to have a defect.

CONSULTANT CLINICS

Ophthalmic and orthopaedic sessions for school children are held in clinic premises and pre-school children who are referred from child welfare clinics attend.

<i>Ophthalmic</i> —	1965	1964	1963	1962	1961
Number of pre-school children examined ..	1,250	1,325	1,387	1,205	1,136
Number of spectacles prescribed	229	236	247	208	240
<i>Orthopaedic</i> —					
Number of new cases who attended	788	949	856	702	698
Number of old cases who attended	1,031	1,107	1,519	949	916

Speech therapy is also included in the consultant facilities available and this is arranged with the school health service. 138 pre-school children were treated compared with 113 in the previous year.

CONGENITAL ABNORMALITIES

In January, 1963, a letter was received from the Ministry of Health asking local authorities to participate in a scheme for the notification of congenital malformations observable at birth.

The scheme has involved the submission of a standard form to the General Register Office in the case of each child found to suffer from congenital malformation.

Provision was made for the recording of congenital malformations observed at birth on the birth notification card. These children are all included in the observation register.

The scheme was brought into operation in January 1963, and has the full co-operation of the hospitals in the area.

During the year 125 congenital defects were notified.

DISTRIBUTION OF WELFARE FOODS

Welfare foods are on sale at 97 distribution points and, in addition, a postal service is operated from the food store in Gosforth for outlying districts.

Year	National Dried Milk	Cod Liver Oil	Vitamin A. & D. Tablets	Orange Juice
	Tins	Bottles	Packets	Bottles
1961	114,617	22,318	18,200	161,478
1962	107,402	11,492	11,372	101,362
1963	102,136	11,467	11,209	121,802
1964	85,922	10,554	10,645	128,632
1965	78,828	9,466	9,297	139,341

The decline in the distribution of national welfare foods continued during the year and this has now gone on for ten years. The sale of national dried milk in 1965 was less than a third of what it was ten years previously, the sale of cod liver oil was about a sixth and the sale of other supplements less than a half of what they had been in 1956.

Ante-Natal Clinics

The ante-natal clinics throughout the county are carried out by general practitioners who see patients in local authority clinics where they work in co-operation with the midwife and health visitor. For the first time in 10 years the number of expectant mothers who attended was less than in the previous year.

Year	No. of Expectant Mothers Attending	Total No. of Attendances
1961	7,018	30,991
1962	7,134	32,497
1963	7,260	35,226
1964	7,423	37,883
1965	7,265	36,973

The following number of post-natal examinations were also carried out.

Year	Number of Mothers Attending
1961	2,058
1962	2,417
1963	2,705
1964	2,777
1965	2,804

Relaxation classes for expectant mothers were run by midwives or physiotherapists in 25 clinics. 1,222 sessions were attended by 1,215 expectant mothers.

Clinic	Attendances		No. of Half day Sessions
	1st Visits	Re-Visits	
Alnwick	44	231	45
Ashington*	51	318	52
Bedlington Station	22	152	39
Blyth	130	999	78
Cramlington	19	58	23
Gosforth	91	707	75
Guide Post	40	267	51
Haltwhistle*	52	209	26
Hexham	62	262	44
Longbenton	26	157	49
Lynemouth*	14	79	42
Monkseaton Village	87	558	47
Morpeth	59	381	46
Newbiggin-by-the-Sea*	33	245	48
Ponteland	38	296	47
Prudhoe*	49	156	42
Seaton Delaval	29	189	42
South Broomhill*	20	94	40
Throckley	47	367	45
Tweedmouth	49	227	51
Wallsend	57	500	89
Westerhope	21	155	48
Whitley Bay	89	647	51
Willington Quay	26	515	52
Woodlands Park	60	362	50
TOTALS	1,215	8,131	1,222

* These clinics are supervised by health visitors and midwives.

WOMEN'S ADVISORY CLINICS

The work of the women's advisory clinics continued to show an increase, and this service was also provided in Wallsend commencing on 4th October, 1965.

Clinic	Attendances		No. of half-day Sessions
	First Visits	Re-Visits	
Alnwick ..	54	78	29
Hexham ..	168	400	50
Monkseaton ..	293	124	39
Wallsend ..	14	12	11

In addition, the Family Planning Association held sessions in local authority clinics in Tweedmouth, Blyth and Ashington. The Council made grants to the Association.

CERVICAL SMEARS

During the year the provision of facilities for cervical smears for the early detection of carcinoma of the cervix has been considerably extended.

General practitioners have been invited to use local authority clinics for taking smears, and they carried out the following numbers, with the help of local authority staff.

Clinic	No. of Smears Taken	Date commenced
Amble	504	October 1964
Ashington	32	September 1965
Guide Post	364	April 1964
Bedlington Station	624	April 1964
Bedlington* ..	106	April 1964
Blyth*	650	December 1964
Gosforth	101	May 1965
Longbenton	137	February 1965
Morpeth‡	480	January 1965
Ouston	12	August 1965
Prudhoe	128	June 1965
South Broomhill ..	398	August 1964
Throckley	10	November 1964
Wallsend	664	November 1964
Willington Quay ..	15	November 1964
Woodlands Park ..	162	April 1964
Wooler	56	July 1965
	4,443	

* general practitioners surgery

‡ at Cottage Hospital

Where the services in the area were not sufficient to meet the demand for this examination my medical officers carried it out and the following number of smears were taken.

Clinic	No. of Smears Taken
Alnwick	380
Hexham	108
Monkseaton	305
Wallsend	92
	885

Bowmer Bank Hostel

Owing to staff difficulties the hostel at Bowmer Bank was closed in August 1965. Expectant mothers who need care now go to the Diocesan home at Elswick Lodge or to other suitable homes in the area.

Thirty two cases were admitted to Bowmer Bank Hostel during the period January to August and during the remainder of the year 17 cases were admitted to other homes.

DENTAL SERVICE

(Mr. A. E. Robinson, F.D.S., R.D.S.)

Once again, as in previous years, in addition to their work for school children, the Dental Officers provided dental treatment for expectant and nursing mothers and children under the age of five years at dental clinics in the following areas :—

<i>Area</i>			
1.	Alnwick	.. ..	Miss S. M. Crute, B.D.S.
2.	Amble	.. ..	Mr. C. A. Nutt, L.D.S.
3.	Ashington	.. ..	Mr. R. S. Ferrell, L.D.S.
4.	Bedlington	.. ..	Mr. W. Hedley, B.D.S.
5.	Blyth	.. ..	Mr. E. G. Stuart, B.D.S.
6.	Cowpen	.. ..	Mrs. S. M. Michelson, B.D.S.
7.	Cramlington	.. ..	Mr. T. M. Mahadervan, L.D.S.
8.	Dudley	.. ..	Mr. W. Robson, L.D.S.
9.	Forest Hall	.. ..	Mr. G. C. J. Long, B.D.S.
10.	Glendale	.. ..	Mr. R. W. Whittingham, B.D.S.
11.	Gosforth	.. ..	Miss M. I. Lamb, L.D.S.
12.	Guide Post	.. ..	Mr. R. M. Foulds, L.D.S.
13.	Haltwhistle	.. ..	Mr. P. S. Hagyard, B.D.S.
14.	Hexham	.. ..	Miss H. C. Gent, B.D.S.
15.	Howdon	.. ..	Mrs. M. P. Furness, B.D.S.
16.	Longbenton	.. ..	Mrs. P. A. Brantingham, B.D.S.
17.	Low Willington	.. ..	Mrs. B. Britton, B.D.S.
18.	Morpeth	.. ..	Mr. S. J. Smithson, L.D.S.
19.	Newbiggin	.. ..	Mr. C. L. Carmichael, B.D.S.
20.	Newburn	.. ..	Mrs. S. D. Bennett, B.D.S.
			(Nee Pritchard)
21.	North Tyne	.. ..	Mr. T. A. Ireland, L.D.S.
22.	Ponteland	.. ..	Mr. G. C. J. Long, B.D.S.
23.	Prudhoe	.. ..	Mrs. S. E. Williams, L.D.S.
			(Nee Long)
24.	Seaton Delaval	.. ..	Mr. A. E. Robinson, F.D.S., R.C.S.
25.	Shiremoor	.. ..	Mrs. W. S. Drury, L.D.S.
26.	Throckley	.. ..	Mr. J. D. Lamb, B.D.S.
27.	Tweedmouth	.. ..	Mr. W. P. Neilson, L.D.S.
			Mr. C. A. Nutt, L.D.S.,
28.	Wallsend	.. ..	Mr. J. P. Horseman, L.D.S.
29.	Whitley Bay	.. ..	Mrs. W. S. Drury, L.D.S.
30.	Woodlands Park	.. ..	Mr. W. Robson, L.D.S.

Over the past four years since the amendment of the National Health Service Act, as predicted in the Annual Report for 1961, there has been a steady decline in the number of mothers examined in the county dental clinics, but this year the fall has been almost halted. 1098 mothers were examined compared with 1,129 last year ; a decrease of only 31 compared with 106 in 1964. As has been stated in previous reports, this falling off does not necessarily indicate an improvement in the condition of the teeth, but rather that fewer are being referred to the Dental Officers and more use is being made of the General Dental Practitioner Service. Even so, there must still be many mothers, especially in rural areas, who do not realise they can avail themselves of the dental treatment provided by the County Council. In the School Service, the Dental Officers themselves arrange their inspections in their

respective schools and examine all of the children. In the M. & C.W. Service, the Dental Officers can examine only those mothers referred to them by the Doctors and Health Visitors. One would like to see all mothers referred for Dental Examination from Ante-Natal Clinics. This would be particularly helpful to those mothers living in rural areas. The method of referring all pre-school children from birthday clinics for a dental examination continued to work well and one looks for further expansion in this direction.

The following table shows the number of mothers and pre-school children examined.

	1960	1961	1962	1963	1964	1965
Mothers ..	1358	1597	1221	1235	1129	1098
Children ..	1848	2421	2489	2399	3252	2923

The treatment pattern remains very similar to that of previous years.

It will be noted that Table 15 which sets out the record of work carried out during the year for mothers and young children under the age of five years, has a new format as directed by the Ministry of Health.

One new dental clinic was opened during the year at Cowpen, Blyth, bringing the total number up to 30.

PUBLIC HEALTH NURSING SERVICE

During the year, the establishment of health visitors remained at 102 and that of district nurses, midwives and district nurse midwives, at 136. The recruitment of field staff continued to be successful and vacancies, with a few exceptions, were filled within a reasonable period.

Miss Ann A. Graham, County Nursing Officer, retired in March and was succeeded by Miss Y. E. Buckoke.

Miss M. Atkinson, Assistant County Nursing Officer, retired in January and Mrs. A. Howe, previously a health visitor in the County was appointed in her place.

Four health visitors retired, one for health reasons ; four resigned, one to take up an appointment as tutor in a technical college and three for domestic reasons. Ten health visitors were appointed, four newly qualified under the Council's Grant Aided Scheme. Seven students commenced health visitor training during the year, six in Newcastle upon Tyne and one in London.

Two members of the district nursing and midwifery staff retired ; seven resigned their appointments for domestic reasons and one to take health visitor training. Fourteen new appointments were made in the Midwifery and Home Nursing Service.

The most noteworthy development in the public health nursing service concerned the progress made with schemes for the attachment of staff to general medical practices. In the annual report for 1964, comment was made on the first two schemes for health visitor attachment in the County and it is of interest to note, at that stage, it was anticipated that approximately four further schemes would be initiated in 1965. The fact that during the course of the year under review enquiries were received from 21 practices was significant in that it indicated a rapidly growing awareness on the part of general practitioners in the value of a closer association with local authority public health nursing staff. By the end of the year formal arrangements had been made with these 21 practices involving the attachment of 21 health visitors and 16 district nurses or district nurse midwives.

The reorganisation involved in implementing such schemes has been considerable and many factors have to be taken into account at the planning stage, for example variations both in the case loads of individual practices and in the geographical areas covered by the health visitor, the district nurse and the doctors concerned. In the majority of practices, in urban areas, it has been possible to arrange for complete attachments, case loads being based entirely upon practice patients. In two instances, the size of the practices have warranted the attachment of two health visitors and in one, of two district nurses. In some urban areas where more than one practice has expressed an interest in attach-

ment, the case loads of all the staff have been re-allocated on a practice basis thus obviating the need for subsequent changes.

In other instances practice case loads have been insufficient to justify complete attachment and the staff concerned have either retained an appropriate geographical area or, as in some urban areas, have taken over the case load of an additional practice. In a few rural areas, where the practice was found to extend over a very large geographical area, in the interests of economy of travelling time it was deemed necessary to limit the area covered by the health visitor and the district nurse. It is of interest to note that, in one such area, the general practitioner concerned intends restricting his area to correspond with that covered by the health visitor and district nurse.

Whilst the inevitable adjustments and reorganisation involved for the staff in this change from a district to a practice based case load should not be underestimated, the majority have welcomed the challenge which it presented and the success of these schemes is, in no small measure, due to their enthusiasm and to the excellent relationship which they have built up with the general practitioners over many years.

Sufficient experience has now been gained for comment to be made on the progress and value of these schemes. Some advantages are obvious and need little elaboration, for example the resultant ease of communication between the staff and general practitioners and the achievement of a concerted policy on questions of advice or treatment. The majority of the existing schemes involve the attachment of both a district nurse and a health visitor and the degree of teamwork which has been achieved in these practices has undoubtedly facilitated the provision of a more effective service for the patient and family. Whilst it is true that duplication of visiting can largely be avoided there is little evidence, at this stage, to suggest that attachment in any way lightens the load of either nurse or health visitor. Indeed the considerable increase, not only in the volume of work but also in the range and complexity of problems and cases referred, has highlighted the need for effective ancillary help to ensure that the skills of the qualified nurse and health visitor are fully utilised.

Each of the schemes is developing in its own individual way but in every case the staff pay regular visits to the surgeries — the district nurse daily and the health visitor, weekly, although in some instances it has been found desirable to increase the frequency of these latter visits. These meetings at the surgeries are invaluable in that they provide a regular opportunity for discussion and for pooling information and ideas as well as enabling the staff to have access to records, reports and letters relating to their patients and families. It is of interest to note that a number of doctors in group practices, who are anticipating attachment, are

making provision when planning new surgery accommodation for a treatment room for the district nurse and consultation facilities for the health visitor.

Developments in the attachment of district nurses to general medical practices have proved most interesting. An immediate advantage has been that the doctors concerned are now aware of the case load carried by the nurse. Previously she may have worked with a large number of doctors and it would now appear that all too frequently work was withheld by them as it was felt that the nurse was already overloaded. The type of nursing cases being referred now show a greater variety and include a higher proportion of post-operative cases and surgical dressings. In addition, more use is being made of the nurses' ability to teach and advise families in the care of sick relatives and following this initial help from the nurse these families are able to manage with only occasional supervisory visits. In the past a considerable number of patients were referred only in the terminal stages of their illnesses and now, with earlier referral, effective nursing care is ensured from the moment of need.

In a number of practices plans are being made for the systematic screening of elderly patients and there can be little doubt that the nurse has an invaluable contribution to make in this field.

In several of the attachment schemes the district nurse holds treatment sessions at the surgery but, where accommodation does not allow for this, some hold these sessions in the clinics. Patients, who mostly attend by appointment include those requiring routine injections and dressings. A number previously received this treatment at home and the new arrangement not only conserves the time of the nurse but is also very acceptable to the patient.

The increased variety of the work has been very much welcomed by the nurses who previously spent a considerable proportion of their time in bed bathing the elderly and infirm. Whilst it is essential that a service be provided for these latter patients this work can undoubtedly be carried out by less highly qualified staff.

The nurses participating in these schemes are proving themselves invaluable members of the practice team and their help has undoubtedly relieved the doctors of work which is more appropriate to a nurse. Most important of all attachment would appear to be the means of ensuring a first class domiciliary service for patients.

The attachment of health visitors to general medical practices has been greatly facilitated by the excellent relationship which, generally speaking, already existed between them. In those areas where general practitioners have had regular contact with the health visitor at clinic sessions some problems have been referred automatically but these mainly related to maternal and child welfare. Following attachment a great awareness of the health visitors' potential contribution has undoubtedly developed and the following

examples give some indication of the range of problems now being referred :— problems relating to the elderly, handicapped persons and the chronic sick in all age groups ; bereavements, breakdown in family relationships ; mental illness and stress problems ; behaviour problems and emotional difficulties in children and adolescents ; families in financial difficulties or living in poor social conditions. In addition the health visitor now has available immediate information concerning any illness of mother or child and of hospital admissions and discharges and is able, therefore, to visit and give help and advice at the appropriate time. Similarly she now has contact with families who wish to adopt a child and is able to help at an early stage whereas previously the parents may have been unknown to her until the child was placed. A high proportion of all referrals relate to the elderly — many with considerable health and social problems. In a number of the attachment schemes, plans are being made for the systematic visiting and ascertainment of all aged persons. These projects are much facilitated in those practices possessing an age/sex register. A number of health visitors have commented that their knowledge of the elderly in the area had been very incomplete. They now realise that, previously, they had been aware of little more than the fringe of the problem. Basing the health visitor's case load on numbers of pre-school children is probably no longer valid now that the range of her work includes a much higher proportion of individuals in other age groups.

An obvious advantage in these attachment schemes is that the health visitors concerned now have the opportunity of getting to know all expectant mothers in the practice. In the majority of cases the follow up of new births is left entirely to the health visitor and all problems relating to infant management and child care are referred to her. In some cases general practitioners, who already held ante-natal sessions in the clinic, are now also attending child welfare sessions. The resulting continuity of care by the health visitor and general practitioner can only be of benefit to the family.

A number of the health visitors are holding fixed consultation sessions in the clinic and, in appropriate cases, general practitioners refer their patients to her there. Some of the health visitors have commented upon the immediate welcome which they received and the greater ease in establishing a relationship with families when doing follow-up work at the request of the general practitioner. Not only is the health visitor expected but, in addition, the general practitioner will have assured the family of the health visitor's ability to help with their particular problems.

Although most of these schemes must still be regarded as experimental the progress made so far indicates a pattern for the future. The general practitioners have all expressed great satisfaction and the health visitors generally feel that purpose has been added to their work.

POST-CERTIFICATE COURSES AND IN-SERVICE EDUCATION

During the year 14 midwives and 16 health visitors attended refresher courses organised by the Royal College of Midwives, the Royal College of Nursing, and the Health Visitors' Association. Six of the health visitors attended courses especially arranged for fieldwork instructors and four of the midwives a residential course at the Maternity Unit, Newcastle General Hospital, designed to meet the needs of the domiciliary midwife. The midwives concerned greatly appreciated the programme which had been arranged for them and there can be little doubt that this type of course, with its high content of clinical teaching, has many advantages over the conventional theoretical course.

Staff conferences for senior health visitors, health visitors, district nurses and midwives were held when matters of policy and professional interest were discussed.

Ten health visitors attended a further course on the Principles and Practice of Teaching at the Northumberland County Technical College. On completion of the course, each health visitor held a teaching session with a group of the college students. In his assessment of these talks the Head of the Department of General Studies commented on the excellent teaching ability of the health visitors and on the desirability of extending their teaching activities in schools.

A further course of instruction on screening tests for the early detection of deafness was given by Professor Sir Alexander and Lady Ewing and this was attended by 31 members of the staff together with 19 health visitors from neighbouring authorities. This course was again undertaken at the Whitley Bay clinic and its success was, in no small measure, due to the excellent planning and organisation by the senior health visitor and her colleagues and to the co-operation of the mothers who participated.

Other groups of staff participated in Study Days and Refresher Courses at the Royal Victoria Infirmary, Newcastle upon Tyne ; St. George's Hospital, Morpeth ; St. Nicholas's Hospital, Gosforth ; St. Mary's Hospital, Stannington and the Ashington General Hospital. We are indebted to these hospitals for enabling members of our staff to attend and for the hospitality afforded them and we are especially grateful to those who, in planning the programmes, included lectures of particular interest to public health nurses.

STUDENT EDUCATION

As in previous years, programmes were arranged for student nurses from the Hexham General Hospital. Lectures on the social aspects of disease were given by one of the nursing officers and

students, in their first year of training, attended a child welfare session whilst those in their third year spent two days paying visits of observation with health visitors and district nurses. Visits of observation were also arranged for student nurses from St. George's Hospital and the Northgate and District Hospital.

TRAINING OF HEALTH VISITORS

Health visitors in Northumberland continued to participate in the practical training of student health visitors from Newcastle upon Tyne and all students spent a period of two weeks gaining rural experience in the county. In September a new course of health visitor training was inaugurated at the Municipal College of Commerce, Newcastle upon Tyne. This coincided with the introduction of the new syllabus of training of the Council for the Training of Health Visitors. In this syllabus considerable emphasis is placed on the need for the student to achieve greater depth in fieldwork experience. To further this end the Council urged local authorities providing practical experience to designate selected health visitors as fieldwork instructors and to arrange for them to attend especially designed courses to prepare them for this work.

Four Northumberland health visitors were designated as fieldwork instructors and arrangements were made for three of them to attend appropriate courses. Two students were allocated to each fieldwork instructor whose case-loads were reduced in accordance with the recommendations of the Council. Students now spend one third of their total training in the practical work field and every effort is made to link this aspect of their training with the theoretical work. Regular contact is maintained between the tutorial staff of the school and the fieldwork instructors, the latter paying periodic visits to the school for discussion with both tutors and students and the former paying visits to the practical work training centres. There is every indication that students undertaking this revised form of practical training will emerge better equipped for their future work than was the case previously.

In addition to these students, arrangements were made for student health visitors from the University of London Institute of Education, the University of Liverpool and the Battersea College of Technology to receive practical experience of county health visiting.

HEALTH VISITING

The testing of all infants for phenylketonuria and for the detection of deafness is now an established routine. No cases of phenylketonuria were found during the year but a total of 34 infants and two year olds were referred for further investigation having failed the hearing tests carried out by the health visitors.

The scheme for the follow up of children on the Observation Register, which commenced in 1963, continued. There would now appear to be some indication that the number in whom abnormalities are detected and who might previously have been missed, is comparatively small.

In the field of cervical cytology, smear tests were carried out in 22 clinics. The national publicity given to the value of this service has been reinforced locally by the efforts of the public health nursing staff and the response has been most gratifying. In two areas, the combined efforts of the general practitioner, the health visitor and district nurse midwife, has enabled a systematic screening of all women, in the vulnerable age groups, to be carried out.

Good progress was made with the educational work carried out in the clinics. One new Mothers' Club was formed in Newbiggin by the Sea. Talks have been given to various groups and organisations on subjects relating to health and welfare, for example Young Wives' Clubs, Women's Institutes, Rotary Clubs and clubs for the over 60s. An increasing number of requests for talks was received from youth clubs.

The Toddlers' Classes, of which there are now ten, continue to be very popular and to fill a real need. The class in Alnwick, which is run entirely by members of the Mothers' Club removed, during the year, from the clinic premises to premises provided by the Education Committee at a local school and is now held twice weekly. An interesting development took place in the class which is held at Woodlands Park. At the request of the head teacher at a local school, pupils in their final year attended regularly and thereby gained practical experience in the care and management of young children.

The ever increasing number of registered daily minders in the County has added considerably to the work of the health visitors who undertake routine visiting for the purpose of supervision and the giving of advice to those responsible for the children's care.

Health visitors continued to participate in the research project on Chronic Bronchitis inaugurated by the Newcastle Bronchitis Centre and during the latter part of the year a meeting was arranged which was attended by all who are taking part and at which Dr. Ogilvie gave a progress report. Other projects in which the health visitors are participating include the Newcastle Survey of Child Development ; the National Survey of Health and Development, which is being run by the Medical Research Unit of the London School of Economics and Political Science and the National Child Development Study. This latter research project involved a follow-up study of the physical and educational development of all those children who were included in the National

Perinatal Mortality Survey carried out in 1958. The health visitors concerned completed comprehensive questionnaires in respect of each child included in the study of whom there were 168 in Northumberland.

STATISTICS RELATING TO HEALTH VISITORS' WORK

Details of Cases Visited :—

	1963	1964	1965
1. First visits only during the year to :—			
(a) 0 — 1 year	8702	8494	8297
(b) 1 — 2 years	9920	9548	9589
(c) 2 — 5 years	25115	22964	22519
TOTAL	<u>43737</u>	<u>41006</u>	<u>40405</u>
2. (a) Persons aged 65 or over ..	5105	5568	6207
(b) No. in 2 (a) visited at request of G.P. or hospital ..	407	485	1011
3. (a) Mentally disordered persons.	487	366	394
(b) No. in 3 (a) visited at request of G.P. or hospital ..	61	63	115
4. (a) Persons discharged from hospital (other than mental hospitals)	346	348	388
(b) No. included in 4 (a) visited at request of G.P. or hospital	118	115	177
5. Tuberculosis households ..	1938	1438	1077
6. Households visited on account of other infectious diseases	253	88	236

SCHOOL HEALTH SERVICE

The physical, social and emotional health of school children continued to be of great importance to the health visitors. From the birth of the child, the health visitor is accepted as the health adviser to the family and she is subsequently in a unique position to contribute to the well being of the child in the school environment. The increased number of consultations with teachers, parents and pupils reflected their appreciation of the value of her advice.

Excellent liaison between those concerned with the health of the school child was made possible, in one area, by meetings which took place between the general practitioner, the health visitor and

the head teacher ; specific problems of school children were discussed and agreement reached on methods of resolving these problems.

The health visitors were helped considerably by the work of the health visitor assistants who undertook, as in previous years, the preparation of children for medical examinations and the routine hygiene surveys. It was indeed gratifying to note that the standard of cleanliness of the school population remained high and that there was a significant decrease in the evidence of head infestation during the year.

An outbreak of scabies occurred during October in the Newburn area, involving 14 schools. 3,484 children were examined and approximately 142 cases were treated. This outbreak was speedily controlled by the mutually planned efforts of the school medical officers and the health visitors in the area.

Six health visitor assistants were selected for training in the use of the Keystone Vision Screener in 1965. This method of vision screening of school children has proved to be more efficient than former procedures in that near, distant and colour vision can be tested simultaneously and other eye defects are found which could not have been detected by earlier methods.

Forty health visitors continued to teach mothercraft to pupils in senior schools and technical colleges throughout the county. 347 pupils were presented with certificates from the National Association for Maternal and Child Welfare after passing the mothercraft examination.

180 lectures on other health subjects were given in schools by the health visitors — subjects included talks on growth and development, personal hygiene, community service to the aged, sex education and home safety. One health visitor gave a talk on the subject of venereal diseases to pupils at an approved school, at the request of the head teacher.

Three health visitors were asked to lecture to pupils studying for the Certificate of Secondary Education in those parts of the syllabus for which they had specialist knowledge.

MIDWIFERY

The number of domiciliary confinements, during the year, showed a further decline — the total being 1,137. The percentage of births which took place in hospital was 85.7, an increase of 2.8% over the previous year. The average number of confinements undertaken by the full time midwives was 25 and of the district nurse midwives, seven. Of the 5,500 maternity hospital discharges attended by the midwives, 820 were sent home within 48 hours of delivery and the majority of these were planned early discharges. In order that continuity of care be provided for these mothers and

babies, the following procedure was established. Full information concerning these mothers is passed to the midwife immediately the hospital booking is made, thus enabling her to visit and assess the suitability of the home for early discharge and also to give advice concerning the necessary preparations. In the few instances where home conditions have been considered unsuitable the hospitals concerned have co-operated in arranging for the mothers' stay in hospital to be prolonged. Following delivery, the midwife is notified by telephone before the discharge takes place and is therefore able to visit immediately and continue the nursing care of mother and baby. Complications arising in mothers and babies following early discharge were few and of a minor nature.

There can be little doubt that the actual delivery of the baby has always been the most satisfying part of the district midwife's work and whilst she has felt some regret over the decline in the numbers of home confinements she has acknowledged and accepted that hospital confinement is in the best interest of both mother and baby.

In addition to the large amount of work involved with the hospital discharges the midwives continued to participate fully in the field of ante-natal care in clinics and in the homes and many have taken part in the ante-natal education and relaxation programmes held throughout the county.

For a number of years anxiety has been felt concerning the small number of home confinements being undertaken by some midwives in rural areas. Not only was it becoming increasingly difficult to provide an effective service but, in addition, the amount of midwifery involved no longer justified the appointment of staff with the full midwifery qualification. Amongst other areas, this situation was of particular concern in Berwick upon Tweed and the surrounding areas of Scremerston, Norham and Cornhill. In an endeavour to find a solution to this problem discussions were held with the Berwick upon Tweed Hospital Management Committee and having pursued various proposals it was agreed that an effective and economic midwifery service could only be maintained in the area by achieving a 100% hospital confinement rate. All expectant mothers are now encouraged to have their babies in hospital and following this agreement only two home confinements took place. It is anticipated that the desired 100% hospital confinement rate will soon be achieved with early discharge being arranged when requested.

MIDWIFERY TRAINING, PART II

Three pupil midwives entered and completed training during the year. All were successful in qualifying as midwives. These pupil midwives will be the last to be received as the Part II school was discontinued when the maternity unit moved to new accommodation at the Hexham General Hospital.

HOME NURSING

A certain amount of expansion occurred in the Home Nursing Service necessitating the appointment of two additional district nurses. Requests from doctors for attachment of district nurses began to come in during the year — the first being for a district nurse midwife. In each case a survey of the nurse's work was carried out and discussions took place with the doctors in the practice concerned. It would seem that attachment will provide a tremendous stimulus to community care. Six district nurses completed the district nurse training course in Newcastle and all were successful in gaining the National Certificate issued by the Ministry of Health.

Polythene draw sheets have been added to the list of disposable equipment in use. Incontinence pads were first introduced into the district nursing service in 1961 and their value in easing the burden of constant laundering by relatives of patients was soon proved beyond doubt. The number of patients provided with incontinence pads increased rapidly and for the past two years all incontinent patients attended by the district nurses have received supplies according to their needs. Disposal of these pads and other equipment has not, as yet, proved to be a widespread problem in the county. In the majority of cases patients' relatives were able to dispose of them satisfactorily by burning but one can visualise difficulties arising as smokeless zones increase in number. Waterproof bags have been provided by the sanitary departments of the various district councils and, where necessary, arrangements have been made for their collection. In special cases, where large quantities have been used, an additional dust bin has been provided.

The Marie Curie Memorial Foundation Day and Night Nursing service for cancer patients continued to function and provided night nursing for 43 patients. Letters of appreciation and donations amounting to £73 13s. od. were received from grateful relatives of patients. Many families received assistance through the Area Welfare Grants Scheme of the Foundation.

In some areas, voluntary organisations have made a valuable contribution to the welfare of patients in providing night sitting and companionship services. In the Wallsend area voluntary street wardens have been appointed to keep an eye on the aged and, in some instances, the nurses have received calls for assistance from the wardens.

In the latter part of the year a mobile physiotherapy service was inaugurated in the Whitley Bay, Wallsend and Blyth areas. This was later extended to include the fringe areas of Newcastle upon Tyne. This service, which is both financed and administered by the Northumberland Branch of the British Red Cross Society, was initially intended for stroke patients being nursed at home and for those discharged from hospital who were unable to attend

the out-patient physiotherapy department. A small number of patients with other incapacitating conditions have also been accepted for treatment where it was felt that physiotherapy would be beneficial. Patients requiring the service were referred by their family doctors and, although the number has not been as large as was anticipated, much good work was done in the rehabilitation of these patients.

The district nurses in the county have, for many years, been conscious of the need for a service such as this. Commencing in 1960, a planned programme of in-service training in rehabilitation methods was carried out in order to assist them in caring for their patients. Whilst excellent work has been done by the nurses in the field of rehabilitation they welcome the fact that the services of qualified physiotherapists are now available for their patients.

VACCINATION AND IMMUNISATION

DIPHTHERIA, WHOOPING COUGH AND TETANUS

The improvement in the protection rate hoped for in the last report shows itself in the figures in Table 17. 7,456 children completed the first course of immunisation against diphtheria. The figures for whooping cough and tetanus are equally satisfactory and the lowest recorded number of cases of whooping cough seems to suggest that the immunity received is satisfactory. There has been no case of diphtheria since 1959 and no death from diphtheria since 1950.

SMALLPOX

There was no case of smallpox in the county and the system of vaccinating babies between the ages of 1 and 2 years was continued successfully. The total number of children vaccinated is shown in the following table which varies very little from last year.

SUB-COMMITTEE AREA	Age at date of Vaccination													
	Number Vaccinated during 1965							Number Re-Vaccinated during 1965						
	0 - 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1 year	2 - 4 years	5 - 15 years	TOTAL	0- 3 months	3 - 6 months	6 - 9 months	9 - 12 months	1 year	TOTAL
North No. 1	19	9	5	11	123	35	4	206	—	—	—	—	—	15
North No. 2	21	16	2	21	142	43	11	256	—	—	—	—	4	48
Central ...	12	3	4	15	143	44	11	232	—	—	—	—	6	28
East... ..	2	3	2	2	67	84	33	193	—	—	—	—	1	2
South ...	34	106	14	12	340	88	27	621	—	—	1	—	6	73
South East...	4	10	13	31	195	204	97	554	—	—	—	—	6	175
West ...	11	18	—	15	99	30	13	186	—	—	—	—	3	9
Wallsend ...	—	—	3	62	235	27	7	334	—	—	—	—	1	10
Totals ...	103	165	43	169	1344	555	203	2582	—	1	—	—	11	360

POLIOMYELITIS

All babies are offered protection against this disease with the oral type of vaccine and the table on page 101 shows that 8,810 children under the age of 16 completed a course of vaccination. This is a satisfactory response and there was no case of poliomyelitis recorded.

AMBULANCE SERVICE

No changes were made in the total operational staff during the year. However, the experiment of employing six day workers to cover shifts vacant due to sickness, holidays, etc. has proved most satisfactory, not only from the cover received, but as a form of probationary service for new entrants to the Ambulance Service. As and when vacancies do occur for shift workers, then the day workers, if satisfactory, have been promoted.

The County Ambulance Workshops continued to give a satisfactory service during the year. One further motor mechanic was employed to relieve the chargehand mechanic thus allowing him more time for supervising the work to be carried out. The semi-skilled worker (who is a fully qualified panel beater and welder) was regraded to skilled grade in the latter part of the year, and this has enabled the workshops to undertake some work previously done by outside contractors.

The central radio control was taken one stage further by the co-ordination of all road journeys including those undertaken by the agency services and car operators in the northern part of the County. Improved co-ordination brought about a reduction of 33,603 miles for the whole service with a small increase in the number of patients carried of 1,007.

The following figures extracted from tables 18 and 19 show an increase in patients carried by the direct service of 207, with a small reduction of 68 in the number of journeys. The mileage, however, done by the direct service dropped by 36,075 miles. The efforts to reduce waiting times of ambulances at hospitals have not suffered by these savings :—

	1963	1964	1965
Journeys ..	55,294	54,763	54,695
Patients ..	194,996	210,679	210,886
Mileage ..	1,540,637	1,659,226	1,623,151
Miles per patient ratio	7.8	7.9	7.7

The average miles per patient ratio in the direct service fell from 7.9 to 7.7.

Telephone answering machines were installed at Alnwick, Berwick and Wideopen Control. The machine installed at the central control is used for recording non-urgent cases and thereby reduces the pressure of work during peak hours. The two machines installed at Alnwick and Berwick Stations have replaced the need for drivers' wives to undertake telephone duties.

The arrangements with the British Red Cross Society and the St. John Ambulance Brigade continued to give a very satisfactory service.

Work commenced on improved staff accommodation at Ashington and Wallsend stations during the latter part of the year.

The vehicle replacement programme for the year was seven vehicles — three large Bedford J1Z ambulances, one junior ambulance mounted on a Bedford CAL.102" chassis, and three Vauxhall Victor 101 Estate car conversions. The large and junior ambulances' interior design give walk-through facilities and have proved most popular with patients and staff. The experiment carried out in the previous year with the Estate Car conversion was so successful that three others have been stationed at various points throughout the County to deal with any inter-hospital and emergency transfers or long distance journeys which it was not possible to arrange through the normal rail facilities.

NATIONAL AMBULANCE COMPETITION

A team comprising two drivers from Whitley Bay and one driver from Wallsend represented this Authority and No. 2 Region in the national final of the competition held at the Rover Works, Birmingham. The team was placed seventh out of eight teams competing ; a quite commendable result in view of the fact that it was the first attempt at competition work.

SAFE DRIVING AWARDS

In the National Safe Driving Competition for 1964, the following 92 safe driving awards, out of a total of 112 staff entered, were gained by personnel :—

Bars to 15 year Brooch	..	..	..	4
15 year Brooch	..	..	..	1
11—14 year Oak Leaf Bar	..	..	10	
10 year Medal	..	..	..	5
6—9 year Bars	..	..	..	29
5 year Medal	..	..	..	4
Diplomas	..	..	..	39

CIVIL DEFENCE

Two convoy exercises were arranged in conjunction with the County Civil Defence Officer, one of which travelled to Bishopbriggs, Glasgow. The convoy consisted of some 65 vehicles from all sections of the Civil Defence Corps, and peacetime ambulances. Those taking part were exercised in their various section duties on arrival at Glasgow.

The Ambulance and First Aid Section training continued to be well supported throughout the County area. Members of the peacetime service, who are qualified first aid instructors, have assisted with the first aid training of all sections of the corps in the past year.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

There was a slight rise in the number of non-respiratory notifications of tuberculosis from 21 to 28 and as a result the total notifications increased from 202 to 209. The number of deaths continued to fall to 18 compared with 284 twenty five years ago, and the death rate per thousand of the population was 0.04.

Chest Clinic Service

Chest Physicians provided a complete preventive and treatment service at Chest Clinics as in previous years. The work of prevention was concentrated on the investigation of new and old contacts and the tuberculin testing and vaccination of child contacts.

B. C. G. Vaccination

The number of persons vaccinated through the Authority's approved arrangements under Section 28 of the National Health Service Act during the year was :—

Contact Scheme (Circular 19/64)

(i)	No. skin tested	..	..	..	..	823
(ii)	No. found positive..	..	..	..	..	77
(iii)	No. found negative	..	..	..	..	745
(iv)	No. vaccinated	..	..	..	..	843

School Children and Students (Circular 19/64)

(i)	No. skin tested	..	..	..	..	6,126
(ii)	No. found positive..	..	..	..	..	465
(iii)	No. found negative	..	..	..	..	5,581
(iv)	No. vaccinated	..	..	..	..	5,565
Total vaccinated with B.C.G. in 1965						6,408

Total number of persons vaccinated since beginning of scheme						61,245
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Mass Miniature Radiography

The Regional Hospital Board has provided mobile x-ray facilities for the general public, for doctors and for factories and other commercial firms.

The unit attached to Newcastle General Hospital attended two industrial establishments and gave public sessions at four places in addition to x-raying staff and patients at St. Nicholas Hospital, Gosforth. Five new cases of tuberculosis were notified from 4,023 films.

The unit attached to Preston Hospital visited hospitals and the general public in all parts of the county and, from a total of 2,740 films, 55 persons were referred to the chest clinic and 3 new cases of tuberculosis were notified.

The percentage notification of new cases of tuberculosis is identical with last year, namely 0.12%.

I am indebted to the Secretaries of the two Units for the figures given in Table 12.

Prevention of Break-up of Families

The work of the co-ordinating committees has continued under the able guidance of the area executive medical officers, and the success that has been achieved in preventing the break-up of families has been due to the devoted work of health visitors, child care officers, probation officers, education welfare officers and others.

The special work of the Family Care Sub-Committee within this field was continued during the early part of the year, but difficulties with staff persisted. The only family caseworker employed at the beginning of the year resigned on 22nd May.

Under the Children and Young Persons Act, 1963, responsibility for the prevention of the break-up of families falls on the County Council as the Children's Authority. Following meetings of representatives of the Health and Children's Committees, the County Council at their meeting on 6th May approved a recommendation that the functions of the Family Care Sub-Committee should be transferred to the Children's Committee and the transfer took place on 1st June, 1965.

Prevention of Venereal Diseases

CONTACT TRACING

The total number of contacts sought within the area was 35, seven of whom were men. Twentyeight female contacts named were identified, nine by contact tracers and 19 by patients themselves.

Twentyfour female contacts were examined and the results were as follows :—

Syphilis	3
Gonorrhoea	17
Non-venereal	4

Of the seven men, all were identified and examined. Five were diagnosed syphilis and one gonorrhoea. One was non-venereal.

As well as visits to contacts, health visitors paid 73 visits to other patients, mainly defaulters from treatment. Three patients were escorted to the clinic in an effort to promote regular attendance.

ANTE-NATAL SEROLOGICAL TESTS

There were 4,277 serological specimens submitted from the department's clinics for examination during the year.

Eleven cases of maternal syphilis were treated prior to delivery. Nine of the babies were subsequently tested. At the end of the year two of the babies had not been born.

Chiropody Service

The Council's scheme for the provision of a chiropody service remained unchanged during the year.

One additional chiropodist was appointed, raising the establishment in whole-time employment to six. The number of persons receiving treatment increased from 2,735 in 1964 to 3,237 this year, and treatments increased correspondingly from 10,923 to 13,440. It is interesting to compare the latter figure with the total of 4,004 treatments given in 1961, the first full year during which a direct service was made available.

Financial assistance was also given to 31 voluntary committees who were organising approved schemes for the elderly. A total of 3,327 persons received 13,006 treatments through these local services. This represents a slight decrease on the previous year as a result of several voluntary schemes being transferred to the Council's directly controlled service.

In aggregate, there was an increase in the number of persons treated from 6,065 to 6,564 and of treatments from 24,275 to 26,446.

A record of work carried out during the year is shown in Table 14.

Health Education

During the year the work of Health Education continued to expand, and the demand for lectures has been met by medical, dental and nursing staff.

It is encouraging to know that the public is interested in its own good health, and efforts have been made to approach the younger generation through youth organisations and schools.

In this modern age visual aids are the most acceptable media of education, and the library of films has been improved by the inclusion of the following 16mm. films :—

No Smoking — Cartoon
 Tailored for Timothy
 Your Body During Adolescence
 Quarter Million Teenagers
 Learning to Live
 Tons of Teeth

A catalogue of films and filmstrips has been distributed to interested parties and this has stimulated demand for Health Education.

Lectures on Smoking were given by the Senior School Medical Officer and his staff to secondary schools, supported by the films, "Smoking and You" and "No Smoking." Human relationships is also a topic which has been introduced to the younger population in secondary schools and youth clubs during the year, and the new film "Learning to Live" has served as an excellent basis for group discussion. In addition to outlining the biological facts of reproduction, it mentions the moral aspect of human relationships.

Venereal Diseases have become an increasing problem amongst young people, and the American film "Quarter Million Teenagers" has been used to illustrate the dangers of promiscuous behaviour. In addition to schools, several adult organisations have requested lectures on the subject, and the Family Doctor Booklet "V.D.—The Facts" was found useful for distribution to the public.

FLUORIDATION OF WATER SUPPLIES

During the year the Council confirmed their intention to proceed with the adjustment of the fluoride content of the water supply in the county to a level of one part per million. An approach was made to the Water Undertakers to ascertain what steps they were prepared to take to achieve this end. As Tynemouth Corporation did not wish to have any adjustment made to their water supply, the Tynemouth Water Undertaking was unable to make any adjustments in the water which it supplies to parts of the county area. The Newcastle and Gateshead Water Company and the Coquet Water Board both indicated that they would be prepared to consider this matter and at the end of the year arrangements were in hand for a meeting of the representatives of the Local Health Authorities of the area supplied by the Water Company.

HOME HELP SERVICE

The steady increase in the use of this service has continued. The number of households provided with a home help at some time was 4,429. As was noted last year 87% of these cases were old people and the majority of them were living alone and were provided with help throughout the year. It was possible to absorb this additional work with fewer home helps, 890 against 895 last year and 936 in 1963.

The administration of the service was carried out by the Area Executive Medical Officers and their staffs, with the supervision of patients and home helps by 4 home help organisers.

Details of the work of the service are given in the table on page 104.

MENTAL HEALTH SERVICE

ADMINISTRATION

The staff of the service consisted of ten mental welfare officers and a welfare assistant. An increase of one mental welfare officer occurred in Wallsend. These officers work from seven district offices and in addition to their work under the Mental Health Act, also have social welfare duties under the National Assistance Act, 1948. The service is supervised by a Senior Mental Welfare Officer.

The training centres staff consisted of seven supervisors, six of whom are qualified, four qualified assistants, thirteen unqualified assistants, four handcraft instructors, three trainees and two nursery assistants. This was an increase of one handcraft instructor during the year.

TRAINING OF STAFF

The Senior Mental Welfare Officer and four mental welfare officers were awarded Declarations of Recognition of Experience by the Council for Training in Social Work.

One mental welfare officer was seconded to attend a full time two years' course for the Certificate in Social Work.

Two assistant trainees were given two years leave of absence to attend a Diploma Course for Teachers of the Mentally Handicapped.

A week's refresher course for staff of training centres organised by the National Association of Mental Health was held in Sheffield and four teachers and a nursery assistant attended.

All members of the staff of training centres attended a Regional Study Day which was arranged by the Medical Superintendent of Prudhoe and Monkton Hospital. This included lectures, discussions and a film on mentally subnormal persons in a training centre.

CO-ORDINATION WITH HOSPITAL AUTHORITIES

During the year there has been close contact between mental welfare officers and the medical and social staffs of the psychiatric hospitals in the county.

The special arrangements made by Dr. D. Irwin, Physician Superintendent at St. George's Hospital, Morpeth, for regular monthly meetings between the consultant psychiatrists and mental welfare officers continued. These clinical meetings were very beneficial to the staff and presented valuable opportunities for discussion of mutual problems.

Arrangements were made during the year for student mental nurses in their final year of training at St. George's Hospital, to accompany some of the mental welfare officers for one day, on selected home visits of patients in order to observe the work in community care.

Arrangements were made for Dr. Easton, a consultant psychiatrist from St. George's Hospital, to use the clinic in Whitley Bay for weekly out-patient sessions and Dr. Sykes, consultant psychiatrist at Northgate Hospital, undertook monthly consultations for subnormal patients in the clinics at Alnwick, Ashington, Berwick, Hexham and Whitley Bay.

WORK UNDERTAKEN IN THE COMMUNITY

The volume of work within the community has continued to increase over the past five years, as shown in the following table :—

		<i>Visits to Mentally Ill</i>		<i>Total Visits</i>
1961	..	2,117	..	6,567
1962	..	2,631	..	7,306
1963	..	3,047	..	8,439
1964	..	3,659	..	9,226
1965	..	3,986	..	9,915

The total number of mentally disordered persons receiving community care at the end of the year was 907 and the number of new referrals during the year was 872 made up of 784 mentally ill, 11 psychopaths and 77 mentally subnormals which is an overall increase of 84 or 10% on the figures of 1964.

The statutory admissions into mental hospitals by mental welfare officers totalled 242, 44 were under Section 26 and 198 under Sections 25 and 29 of the Mental Health Act, 142 remaining as informal patients on the expiration of their period of observation. During the year 1,109 patients were admitted informally into hospitals.

There were 40 mentally subnormal patients admitted into hospital on an informal basis and 1 under Section 26 of the Mental Health Act. Eleven children under 16 years of age and 5 adults still urgently wait admission to hospital while there is also 1 child and 6 adults who would benefit by care but are not considered urgent cases. Arrangements were made for 35 mentally subnormal persons to be provided with short-term care in hospital so that their parents could have a holiday or have respite from continual care of the patient.

The total number of mentally disordered persons under community care of the Local Health Authority is shown on page 106 and a summary of the work performed by the mental welfare officers is shown in table 21.

TRAINING CENTRES

Progress continued to be maintained in the training facilities for 283 mentally subnormal and severely subnormal children and adults in the following centres :—

Alnwick	—	Barndale House, Howling Lane, Alnwick.
Ashington	—	South View, Ashington.
Bedlington	—	1 Beech Grove, Bedlington.
Berwick	—	Palace Street East, Berwick.
Hexham	—	Priory Buildings, Beaumont Street, Hexham.
Prudhoe	—	54 West Road, Prudhoe.
Wallsend	—	Elton Street East, Wallsend.

Building work commenced on a new training centre for 30 pupils at Tweedmouth to replace the rented premises at Berwick.

Work also commenced on the first purpose-built adult industrial unit on a trading estate at Cowpen, Blyth and will cater for 70 mentally subnormal young men and women who are at present at Ashington and Bedlington centres.

Very satisfactory results have been achieved in the industrial units in Ashington, Bedlington and Wallsend centres in regard to a fairly wide range of work undertaken for local firms on a contract basis, and also in making of after-care equipment for use within the local authority's area, together with a variety of work from departments of the County Council.

The remuneration from this type of work has been paid to the trainees according to ability and application to the job.

The weekly boarding Training Centre at Alnwick for 26 children continued to be very successful and all places were full during the year. The devoted work by the Matron and staff was much appreciated by the parents.

Mid-day meals have continued to be provided in Day Training Centres by the School Meals Service at a charge of 1/- per day to the parents excepting in cases of financial hardship, when arrangements are made for free meals to be provided.

Arrangements continued whereby medical and dental examinations were carried out by the school medical and dental staff.

Private hire transport was used to convey the trainees to and from the centres.

Various local organisations and individuals have donated gifts to the training centres and these have been greatly appreciated by both pupils and staff.

The Supervisor of Prudhoe Training Centre took 5 children from the centre on a week's holiday to the seaside at Allonby in Cumberland, the cost being paid for by the parents.

During the year the training centres provided practical work placements for certain students from the Diploma Course for Teachers of the Mentally Handicapped, while assistance was also given to students from universities and technical colleges in practical training.

THERAPEUTIC SOCIAL CLUBS

There are two clubs providing social activities suited to the special needs of mentally subnormal persons. These have been held fortnightly in training centre premises and supervised voluntarily by staff of the centres. The average membership at each club is about 40 young men and women.

There are three Psychiatric Social Clubs, two of which have been held in training centres and the third in the premises of a voluntary organisation. Most of the patients who attend the clubs have returned to the community following a period of treatment, but some patients who are still in hospital and who are nearly ready for discharge have been brought to one of the clubs for the evening as part of the programme of rehabilitation.

The average membership at each club is in the region of 25 and members take part in table tennis, billiards, various card games etc. The clubs have been supervised by voluntary workers, together with members of the mental health staff, and supported by members of the consultant and social workers staff of St. George's Hospital.

VOLUNTARY ORGANISATIONS

Two organisations, the Gosforth and District Peter Pan Society and the Whitley Bay and District Society for Mentally Handicapped Children have arranged weekly social clubs for mentally subnormal persons and these and other social activities are greatly appreciated.

As in the past two years, the Northumberland Branch of the British Red Cross Society again organised a week's holiday camp for 28 boys and girls and this was most successful and enjoyed by the children.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

The number of premises registered as private day nurseries rose from 8 to 9 and the number of children accommodated rose from 197 to 209.

The number of registered child minders increased from 30 to 40 and the number of children accommodated from 343 to 438.

The persons who wish to register are all visited before registration and their premises are examined to ensure that adequate standards of care are available for children being so cared for. Regular visiting is carried out after registration to see that the standards are maintained.

The further increase in numbers during 1965 reflects the need that is felt for nursery or nursery school care for children in the 3 — 5 years old age group. Many of the registered child minders are qualified infant teachers and are taking children aged 3—5 years from 9 a.m.—12 noon for nursery teaching and social training.

Nursery classes are held on one morning a week in 10 local authority clinics. Classes are started at the request of mothers attending the clinics and are run by voluntary workers under the guidance of nursery teachers who also work voluntarily. The children attending these classes are from 3—5 years old.

NURSING HOMES

Two homes are registered under the Public Health Act for nursing patients in Gosforth and Hexham. Staffing has been quite adequate and regular visits of inspection suggest a satisfactory standard of nursing care.

HOMES FOR OLD AND DISABLED PERSONS

Twenty seven homes have been registered in accordance with Section 37 of the National Assistance Act, 1948. Twenty of these homes are privately owned and comprise 268 beds. They are to be found in Whitley Bay (14), Hexham (2), Corbridge (1), Alnmouth (1), Ponteland (1) and Gosforth (1). The remaining seven are owned by charitable organisations or trusts and include two holiday homes with 129 beds and a residential home for spastic persons with 33 beds.

The homes have been regularly inspected by the County Welfare Officer and the Deputy County Medical Officer and, in addition, adequate fire precautions have been observed in accordance with the Chief Fire Officer's recommendations.

There has been a steady demand for places in these homes and, in view of the great shortage of beds in County owned homes and the increasing number of old people needing help, the homes are serving a most useful purpose.

NATIONAL ASSISTANCE ACT, 1948

WELFARE OF HANDICAPPED PERSONS

Social welfare services for blind, partially sighted and other handicapped persons in the County were rendered by a staff of seven home teachers of the blind, a welfare visitor and two welfare assistants, and three craft instructors, acting under the direction of the supervisor of the section. In addition, a mental welfare officer visited physically handicapped in the Berwick area and a part-time occupational therapist was engaged on a sessional basis. Under an agency agreement, the Northumberland and Durham Mission for the Deaf catered for the deaf in part of the County.

During the year there were 315 new registrations, the total number registered in December being 2,355 as compared with 2,278 at the end of the previous year. The registers of blind, partially sighted and deaf showed slight decreases.

Since a register of physically handicapped was opened in 1953, the number registered has shown an increase each year. This does not necessarily mean that there has been an actual increase in the number of physically disabled people, but rather that more handicapped people have become aware of the benefits of registration and so have decided to avail themselves of the Council's services.

Blind, partially sighted and generally handicapped persons have been encouraged to take an interest in handicrafts. 20 regular classes have been held at various centres and where it was difficult for a handicapped person to attend a centre, domiciliary instruction was given.

The handicapped people were encouraged to find a market for the articles they made, but some of the work was disposed of at exhibitions and sales of work. In April, in conjunction with the Ministry of Labour, St. George's Hospital, Morpeth, and voluntary organisations, articles made by blind and other handicapped persons were exhibited and sold, and demonstrations were given by handicapped persons at a six day exhibition held at North Shields. Other exhibitions and sales were held in Berwick, the County Hall and Merley Croft ; while a stand exhibiting work executed by blind people was held at Warkworth Flower Show.

Holidays play an important part in assisting handicapped persons, and in relieving relatives who look after them. Difficulty has been experienced in finding suitable ground floor accommodation but a party of handicapped young men and women were taken to the headquarters of the Northumberland Association of

Youth Clubs at Thropton and members of St. John Ambulance Brigade and other voluntary workers kindly gave their services to look after them. Another party enjoyed a holiday, arranged by the West Northumberland Voluntary Committee for Handicapped Persons at Caister Bay, while handicapped children attended a camp organised by the British Red Cross Society at Glanton. Holidays were also arranged at Merley Croft and Nicholas Garrow Home, and in total 204 persons received holidays.

The voluntary committees for the blind and handicapped continued to provide very beneficial services in arranging club meetings, outings, and other social activities. Some of the committees organised visits to theatres and for many of the handicapped these visits were unique occasions.

Blind and Partially Sighted

REGISTRATION

The age groups of the registered blind and partially sighted on 31st December were as follows :—

	BLIND			PARTIALLY SIGHTED		
	Males	Females	Total	Males	Females	Total
Under 5	—	1	1	1	—	1
5 — 15	9	5	14	17	10	27
16 — 20	4	2	6	9	9	18
21 — 49	66	44	110	33	7	40
50 — 64	66	65	131	13	16	29
65 plus	171	277	448	32	108	140
	<u>316</u>	<u>394</u>	<u>710</u>	<u>105</u>	<u>150</u>	<u>255</u>

During the year ophthalmologists carried out 193 examinations.

The 85 newly registered blind comprised a girl of 7, 20 persons under 65 and the remainder over 65 years of age.

There were 43 newly registered partially sighted. These included two boys aged 3 and 10, 8 under 65 and 33 aged 65 and over.

CAUSES OF BLINDNESS AND DEFECTIVE VISION

The following table summarises the causes of blindness and defective vision, and the recommendations and treatment carried out during the year.

	Cataract		Glaucoma		Others	
	Blind	P.S.	Blind	P.S.	Blind	P.S.
Number of cases registered during year ..	36	15	19	10	30	18
<i>Recommendations :</i>						
(a) No treatment ..	6	—	2	—	20	—
(b) Treatment recommended :—						
Surgical	18	7	3	4	—	1
Medical or hospital supervision ..	11	6	13	6	10	13
Optical	1	2	1	—	—	4
<i>Follow up Treatment carried out</i>						
Surgical	3	1	—	—	—	—
Medical or hospital supervision	11	6	13	6	10	12
Optical	1	2	1	—	—	4
Willing to undergo treatment when eyes are ready or beds become available, or if physical condition improves	4	2	3	4	—	1
Not agreeable for treatment, undecided or too frail	8	3	—	—	—	—
Died	3	1	—	—	—	1

SOCIAL WELFARE

The home teachers have visited blind and partially sighted persons at regular intervals.

There has been an increased demand for talking book machines. The multi track tape machines have been very popular, and it is gratifying to learn that the library can now deal with applications almost immediately.

Braille and Moon books were provided by the National Library for the Blind, and Tynemouth Library for the Blind, and 28 wireless sets were issued on behalf of the British Wireless for the Blind Fund.

Grants were given to local voluntary committees for the blind from the County Blind Persons' Trust Fund, which the Department administered. A proportion of the Royal National Institute for the Blind collections is allocated to the Trust Fund each year.

During the year seven clubs for the blind and a team from the Nicholas Garrow Home competed for the George and Gertrude Legg Domino Challenge Shields.

EMPLOYMENT

The following table shows the employment position for blind persons on 31st December.

Employed in Workshops for the Blind..	..	27
Engaged in open employment :		
Physiotherapists .. .. .	..	2
Teachers in special establishments ..	..	2
Solicitor .. .. .	..	1
Clergyman .. .. .	..	1
Shorthand typist and office workers..	..	3
Telephone operators .. .. .	..	10
Piano tuner .. .. .	..	1
Factory workers .. .. .	..	5
Labourers .. .. .	..	6
Domestic and miscellaneous .. .. .	..	4
		<hr/>
		35
Undergoing training for sheltered work ..	..	1
Available for employment but unemployed ..	..	7
		<hr/>
		70
		<hr/>

During the year three blind persons were placed in employment, a telephonist, shorthand typist and a factory worker. Thirty six registered partially sighted persons were employed, and 13, including 5 in the 16-20 age group were awaiting placement.

Generally Handicapped

REGISTRATION

The age groups of persons registered on 31st December were :—

	Males	Females	Total
Under 16	18	20	38
16 — 64	481	422	903
65 and over	83	79	162
	<hr/>	<hr/>	<hr/>
	582	521	1103
	<hr/>	<hr/>	<hr/>

Handicapped persons over 65 years of age are not normally registered, but, many of the handicapped who have been on the register for some years, remain registered and continue to benefit from the Council's services.

A summary of causes of disabilities is given in Table 24.

SOCIAL WELFARE

The officers continued to give advice upon structural alterations and equipment which would help handicapped persons, and during the year the Committee approved assistance for 65 handicapped persons.

In several instances the housing authority agreed to make the alterations and assist with the cost, and the Department is grateful to those authorities for their co-operation.

Medical practitioners were approached in many cases in connection with recommendations for wheel-chairs, holidays, treatment, and other matters relating to the handicapped person.

The scheme for the provision of car badges for certain severely handicapped drivers continued to operate. During the year 176 applications were approved (including 116 re-issues), and in total, 388 persons were holding badges provided by the Council.

Mention of craft instructors and occupational therapists is made in the introductory remarks to this section. These officers work closely with the social welfare officers who recommend suitable handicapped persons for the classes or domiciliary occupational therapy. The classes especially have made a considerable difference to the lives of many of the handicapped who have regained confidence in mixing with people and also confidence in themselves.

A close liaison was maintained with Disablement Resettlement Officers of the Ministry of Labour in connection with the possible employment or training of suitably handicapped persons, and 14 handicapped started work.

EPILEPTIC AND SPASTIC PERSONS

Five epileptic adults and one child were registered during the year, the number of registered epileptics in December being 63 as compared with 64 the preceding year and the Council are now responsible for the maintenance of 15 epileptic persons in hospitals.

Four spastic persons were newly registered, and a total of 90 is now known, the same figure as last year.

The Council was financially responsible for the attendance of thirteen young spastic persons at the Percy Hedley Centre, Forest Hall, which is administered in conjunction with Percy Hedley School. Five were accommodated at Chipchase Hostel attached to the centre.

Deaf and Hard of Hearing

Home teachers in the north and west of the County performed social welfare services for the deaf, and the Northumberland and Durham Mission to the Deaf continued to act as the Council's agents in the south-east area and were available for specialist services over the whole County.

Age groups of the registered deaf on 31st December were :—

				Males	Females	Total
<i>Deaf with Speech :</i>						
Under 16	..	..	..	10	3	13
16 — 64	..	..	..	50	50	100
65 and over	..	..	..	8	13	21
				<hr/> 68	<hr/> 66	<hr/> 134
				<hr/>	<hr/>	<hr/>

				<i>Males</i>	<i>Females</i>	<i>Total</i>
<i>Deaf without Speech :</i>						
Under 16	..	..	..	11	20	31
16 — 64	..	..	..	31	27	58
65 and over	..	..	..	2	4	6
				—	—	—
				44	51	95
				—	—	—
<i>Hard of Hearing :</i>						
Under 16	..	..	..	4	8	12
16 — 64	..	..	..	25	16	41
65 and over	..	..	..	1	4	5
				—	—	—
				30	28	58
				—	—	—
TOTALS	..	..		142	155	287
				—	—	—

EMPLOYMENT

The Mission's officer was successful in placing 7 deaf persons in employment during the year. He was also called upon on one or two occasions to smooth out difficulties at work.

SOCIAL

Clubs organised by the Mission at Blyth, Ashington and Wallsend continued to meet in rented premises, while deaf persons living in areas adjacent to Newcastle attended the Newcastle club periodically.

The Council made grants to Newcastle, Wallsend and Ashington Hard of Hearing Clubs, and also the Society of St. Vincent de Paul's club for the deaf.

Welfare of Old People

In February 1965 the Council decided, following the recommendations of Organisation & Methods Consultants, that all matters relating to the discharge of its functions under the National Assistance Act, 1948, should be referred to the Health Committee, and accordingly the previous Welfare Department became a section of the Health Department and was rehoused in the County Hall.

Residential Accommodation

GREENHAVEN, CASTLEGATE, BERWICK

This home is the oldest fabric of workhouse design still left in the County but nothing has been spared in past years to improve the interior in order to give hospital patients and residents the maximum comfort despite difficulties of improvisation and adaptation. The most worthwhile improvement undoubtedly has been the early introduction of central heating in wards and living rooms. Accommodation is provided for 28 hospital patients and 69 other residents.

Building of the new 62-bed home at Tweedmouth to replace Greenhaven has proceeded during the year, and at the same time negotiations have taken place between the Council and the Regional Hospital Board for their desired lease of Greenhaven.

BELL VIEW, WEST STREET, BELFORD

This home comprises former casual wards with boardroom and office converted into bedrooms. All the accommodation for 26 residents, mainly women, is on the ground floor, and there are adequate gardens.

The council's ten year building programme provides for the replacement of this home by a modern building in the period 1971/76.

GREENHOLME, HALTWHISTLE

This home consists of former casual wards modernised with living room, kitchen, Superintendent's house and 5-bed ward added. The gardens are well cultivated and open at the front. This was brought about by the removal of the old Institution buildings taken over by Haltwhistle Rural District Council and demolished in 1959 to make way for their housing scheme with special welfare facilities, the first in the County to be financed by the County Council under the scheme of financial assistance for special housing for the elderly made by them under Section 126 of the Local Government Act, 1948. Accommodation for 19 men is provided.

The council's ten year building programme provides for the replacement of this home by a modern building in the period 1971/76.

THOMAS TAYLOR HOMES, STANNINGTON

This is the major County establishment, with day and night staff adequate now to deal with the needs of those old and disabled persons for whom the smaller homes are not suitable. This was probably the last large group of buildings to be built by a Local Authority and came into use in 1942. The buildings in the main have proved suitable for the new concepts of homes for the old, with the exception of the five Able Bodied Blocks where, the first scheme for converting large wards into single bedrooms will be put into effect in 1966. The provision of Tweed House in 1961, with 60 beds on the ground floor has served to show to some extent the advance in building and design technique in the 24 years since these homes were opened. The total accommodation is for 391 residents.

It is expected that the Mona Taylor Maternity Hospital for 29 patients, clinic and staff houses will be returned for welfare purposes early in 1967, on the completion of the new Maternity Wing at Ashington Hospital.

Mrs. Ellen Young, resident in Tweed House, celebrated her 101st birthday on 6th January.

NICHOLAS GARROW HOME FOR THE BLIND, HEPSCOTT MANOR

This home is the former Hepscott Manor house with annexe added and was opened in 1948. The beautiful gardens each year earn well-deserved praise for the single-handed gardener/handyman. The accommodation is for 31 men and women.

HAINING CROFT, HEXHAM

This beautiful house has an ideal situation in Hexham with sheltered gardens and a beautiful conservatory. It was opened in 1950 and the annexe of 5 beds was added some years later by converting old buildings and a garage. Accommodation is provided for 21 men and women.

SPRINGFIELD, KING'S AVENUE, MORPETH

This home, which was opened in 1953, is under the supervision of the Superintendent and Matron of the Thomas Taylor Homes. It was formerly a private residence and is in a high class residential area. The accommodation is for 15 women.

PRIORSDALE, CLAYTON ROAD, NEWCASTLE

This home, which was opened in 1954, was formerly a private residence in a high-class residential area. Accommodation is provided for 16 men.

DOXFORD HALL, CHATHILL

This country mansion was opened in 1954. It is a gracious and dignified building with beautiful sheltered gardens and a permanent air of peace and quiet. The kitchen gardens and greenhouses are let as a market garden. Accommodation is provided for 53 men and women.

TYNEDALE, BROUGH GARDENS, HOWDON, WALLSEND

This is the first of two purpose-built homes opened in 1956 and designed by private architects on a council housing estate. There is a small garden at the front and area space at the rear. The accommodation is for 33 men and women.

RALPH ALLAN HOME, WARKWORTH

This home was named after the late Alderman Ralph Allan, O.B.E. and was opened in the year of his death in 1958. It is situated in beautiful countryside with views of Warkworth Castle and Coquet Island to the south. The main bus services are within 5-10 minutes walk. This is another peaceful haven for the 63 men and women residing within its walls.

In 1961 a house was built for the Superintendent and Matron adjacent to the new wing with a consequent increase in residents' beds by the adaptation of their previous quarters. A lift in the main building where the majority of the old people are housed has proved a great boon to staff and residents.

COWPEN HOUSE, COWPEN ROAD, BLYTH

This is the second purpose-built home opened in 1959 and designed by private architects on a council housing estate. There are playing fields on one side, ample garden space and regular bus services pass the door. Accommodation is provided for 33 men and women.

NORTHFIELD, KING'S AVENUE, MORPETH

This home, which was opened in 1959, is under supervision of the Superintendent and Matron of the Thomas Taylor Homes. Formerly used as a Nurses' Home this old stone house has been beautifully converted by the County Architect as a home for 10 men.

MERLEY CROFT, LOANSDEAN, MORPETH

The conversion of the existing house and the building of an annexe has provided accommodation for 32 young physically handicapped persons and the home was opened in 1963.

EARSDON GRANGE, THORNTREE DRIVE, WEST MONKSEATON, WHITLEY BAY

This is another purpose-built home designed by the County Architect on the Earsdon Grange Estate and was opened in 1963. This home has 28 single rooms, 12 double bedrooms, two 4-bedded rooms, a sick bay of 2 beds and a lift as well as the usual lounges, etc. It is well sited, convenient for the town service bus and nearby shopping centre.

ESSENDENE, KENILWORTH ROAD, ASHINGTON

This home, which was opened in 1964, has the same accommodation as Earsdon Grange. This is the first purpose-built home without chimney stacks, since central heating and electric fires were provided. It is also the first home to have a 'Beauty Parlour' specially provided for the ladies. The home is ideally sited adjacent to Library Field and cricket ground and within five minutes of the main street and buses. Accommodation is provided for 62 men and women.

Residents who desire a change of surroundings have spent two weeks holiday in another county home of their choice.

It has sometimes happened that families, who have an elderly relative living with them in need of constant care and attention, have been unable because of this to take a well earned holiday. A short holiday has been arranged in one of the county homes, and the help and relief afforded have been much appreciated.

Work has continued over the years on the improvement of the older buildings at Berwick, Belford and Haltwhistle, and each year provision has been made for the renewal of furnishings and equipment to bring these homes into line with modern developments in the other county homes. The style of exterior and interior decoration of the buildings, and the matching designs of carpets, curtains and bedspreads throughout the homes have also kept pace with the changes in the pattern of modern housekeeping.

Residents are provided with every possible care and comfort ; they receive medical attention from doctors of their own choice and, if necessary, chiropody and physiotherapy treatments are available. Beauty parlour treatment has been made available for the ladies, clothing is selective and of good quality and is provided free of charge and residents are entertained through the medium of television and wireless. Visitors from the W.V.S., Guilds and similar organisations have kept residents in touch with the life of their towns and villages when they are without relatives or close friends of their own. Visits to the homes have been paid by members of the clergy and at the Thomas Taylor Homes a regular rota of Preachers was arranged to supplement the work of the part-time Chaplain.

The 16 homes provide a total of 937 beds, and during the year there were 458 admissions.

Temporary Accommodation

Temporary accommodation for mothers and children in urgent need through circumstances beyond their control has been provided at the Thomas Taylor Homes and Greenhaven for short periods to enable them to find alternative housing.

Residential Accommodation — Other Provision

WHITLEY & MONKSEATON HOUSING ASSOCIATION LIMITED

This Association was registered under the Industrial and Provident Societies Act, 1893 in 1931, and its objects are to buy, sell, hire and develop land for the improvement or provision of housing accommodation for the poorer classes at low rentals in Whitley Bay, Seaton Sluice or elsewhere on Tyneside, for the promotion of the health, decency and comfort of the persons so accommodated or housed. It has 10 houses within a mile radius of Whitley Bay containing 70-75 rooms which are self-contained and accommodate old ladies. A grant of £100 a year has been made by the Council since 1950.

Special Housing Needs of Old People

The Council have a scheme for making contributions towards the expenses incurred by District Councils in the provision of housing especially suited to the needs of the old people.

District Councils already in receipt of contributions in respect of welfare facilities introduced by them into old persons' dwellings are Haltwhistle and Castle Ward Rural District Councils, and Wallsend Borough Council. Councils at present considering schemes of special housing for the aged include Hexham Rural District Council, Ashington and Prudhoe Urban District Councils and Whitley Bay Borough Council.

Voluntary organisations in receipt of contributions for special housing include the Abbeyfield Hexham Society ; Autumn Homes Society, Hexham ; Avenue Friendship Club, Whitley Bay ; and Catholic Women's League, Whitley Bay. An application from the Abbeyfield Newcastle upon Tyne Society in respect of their scheme in Gosforth was under consideration at the end of the year.

Other Provision

(1) OVER 60 AND OTHER CLUBS, MEALS ON WHEELS SERVICE & LUNCHEON CLUBS

Financial contributions have been made to the funds of 94 voluntary organisations whose activities include the provision of recreation or meals for old people.

In addition meals on wheels services and/or luncheon clubs operated by voluntary organisations at Morpeth, Longbenton, Gosforth, Newbiggin, Whitley Bay, Blyth, Pegswood, Alnwick, Hexham, Newbiggin Hall, Seaton Valley, Ashington, Prudhoe, Wylam, Newburn, Lemington and Throckley have been helped financially in their operations, in association with the District Councils in each case. At Morpeth, Blyth, Seaton Valley and Alnwick the meals have been supplied from the County Homes. About 1,500 meals are provided in this way each week.

(2) NORTHUMBERLAND OLD PEOPLE'S VOLUNTARY WELFARE COMMITTEE

This Voluntary Welfare Committee was established in 1955 with two subsidiary bodies called the Urban Old People's Voluntary Welfare Committee and the Rural Old People's Voluntary Welfare Committee, and the constitution provides for representatives of the Council to serve on these Voluntary Committees which have been actively supported by the Northumberland & Tyneside Council of Social Service and the Northumberland Rural Community Council. Representatives of the British Red Cross Society,

Women's Voluntary Service and the National Assistance Board serve on the main Committee.

The Annual Report for 1964/5 showed the continuing development of the labours of members and field workers in the urban and rural parts of the County in extending the voluntary services, which are so important a part of the work of caring for the aged citizens of the County.

Trained members of the Voluntary Committee and field workers have also gone to County Homes where the old ladies desire to take part in handcraft instruction.

Voluntary Services

The thanks of the Council have been expressed on many occasions to voluntary organisations for long and continuing help in providing the old folk in the homes with gifts and entertainment, and a new source of friendship by outside contacts. Some particularly prominent in this work have been the Alnwick, Hexham and Gosforth Round Tablers, Embleton Trinity Club, Haltwhistle and Ashington Working Men's Clubs, W.V.S. and visiting clubs and guilds to homes throughout the County.

HOUSING

NEW HOUSES

It is pleasing to be able to record a further increase during the year in the number of new houses built in the County : 3,035, as compared with 2,825 in 1964 (Table 25). After 2 years of recession, the figure has now returned to the post-war annual average and the increase has been fairly equally shared between private builders (1,612 as compared with 1,477 in the previous year) and local authorities (1,115 as compared with 973). There were, in addition, 254 houses built by Newcastle Corporation within the Rural District of Castle Ward where their overspill estates now contain 2,253 dwellings. A steady growth of council building and the removal of unfit privately-owned property has meant a continued increase in the percentage of houses in each district owned by the local authority. In the Prudhoe and Seaton Valley urban districts, the proportions have now reached 48.8% and 47.5% respectively. At the other end of the scale in Bellingham Rural District only 11.6%, and in Whitley Bay Borough 12.3% of dwellings are council-owned. The average for England and Wales of local authority houses in the 1961 Census was 25%. The figure for Northumberland at that time was 28% and has increased a further 2% since then.

SLUM CLEARANCE

The number of houses discontinued as dwellings during the year was 564 (see Table 26). This is less than the average for the past few years, and eleven districts can now report that they have completed their original clearance programme or have only a very few unfit houses still to be dealt with. It is estimated, however, that out of the original 1954 total of nearly 7,000 houses for clearance, there are some 2,500 still standing. These are principally in the south-eastern industrial part of the County where although obvious progress can be seen to have been made over the past few years there cannot afford to be any complacency.

IMPROVEMENT GRANTS

These grants, details of which will be found in Table 27, are of two kinds : " discretionary grants " for complete reconditioning of dwelling houses, and " standard grants " available as of right to any property owner for the installation of such amenities as bath, hot water supply, and inside water closet. The object in both cases is the preservation of those houses which though structurally sound are deficient in modern amenities, and which would otherwise deteriorate to the point of having to be demolished and replaced by council houses, so that the provision of grants should, in theory at least, be good business for local authorities.

It is therefore disappointing to see that the number of discretionary grants during 1965 has fallen to 634 as compared with

858 the previous year. In addition to the figures shown in Table 27 there were 8 houses where grants were claimed by the local authorities themselves (two in Amble Urban District and six in Hexham Rural District) in respect of houses acquired for the purpose of improvement. The Alnwick Rural District Council exercised its discretion by refusing, presumably on financial grounds, to entertain any grant applications for the last 9 months of the year. The number of discretionary grants approved in the County since the inception of the scheme in 1949 has now topped the 10,000 mark.

Standard grants continued at a steady, if modest rate during the year with a total approved of 359, so that over 2,000 houses have been dealt with in the seven years this scheme has been operative. The provisions of the 1964 Housing Act, at last making possible some measure of compulsory improvement, have as yet had little or no impact within the county. As was suggested in last year's report the improvement area procedure is complicated and likely to make local authorities somewhat cautious about its application. In the event only two district authorities have so far gone any length in the matter. In one case, in Berwick Borough, action on a suitable tenement block has been considered but awaits a planning decision ; in the other, Gosforth Urban District Council has actually declared an area of some 240 houses but to begin with, is proceeding on an informal basis.

The percentages of privately-owned houses which have been the subject of grant approval vary widely in the county districts from 1.5% in Gosforth Urban District to 35.5% in Glendale Rural District and 30.1% in Ashington Urban District. Generally speaking, the figures for the rural areas are better than those for the Boroughs and Urban Districts.

WATER SUPPLIES

There was no change in the arrangements for water supply during the year. The County is now served by 2 statutory undertakings whose areas of supply are as follows :—

NEWCASTLE AND GATESHEAD WATER COMPANY : The Boroughs of Berwick, Blyth and Wallsend ; the Urban Districts of Alnwick, Amble, Gosforth, Hexham, Longbenton, Newburn, Prudhoe, Seaton Valley ; the Rural Districts of Alnwick, Belford, Bellingham, Castle Ward, Glendale, Haltwhistle, Hexham, Norham and Islandshires and Rothbury. (A small part of the extreme South of Hexham Rural District is, as a matter of convenience, included in the statutory area of the Durham County Water Board).

TYNEMOUTH CORPORATION : the Boroughs of Morpeth and Whitley Bay ; the Urban Districts of Ashington, Bedlingtonshire, Newbiggin ; the Rural District of Morpeth.

The Newcastle and Gateshead Water Company derives its supplies from an impounding reservoir at Catcleugh, from certain

main springs and two river intakes, at Barrasford and Wylam. The Tynemouth supply is derived from main springs, an impounding reservoir on the River Font and from a river intake at Mitford. Both undertakings are also participants in the Coquet Water Board Scheme with a river intake at Warkworth, and this now forms the main source of supply for those districts in the north of the county which are within the Water Company's statutory area. There are in addition several local sources which have now been taken over by the two suppliers and which are reliable enough to be maintained indefinitely. The Borough of Berwick and Glendale Rural District are served by self-contained schemes of this nature.

The year under review saw the completion of the comprehensive scheme for the supply to Hexham Rural District carried out by the Water Company with the assistance of financial guarantees by the local authority and grant aid from the Ministry and the County Council, and in the North of the county similar schemes continued to make satisfactory progress in providing water from the Coquet Water Board supply, which by the end of the year was furnishing 607,000 gallons per day to the northern county districts.

The bacteriological examination of water is undertaken by the Public Health Laboratory at the General Hospital, Newcastle upon Tyne. Copies of the reports on water samples submitted by authorities in the administrative county were received in the department and any unsatisfactory results were investigated. Seven hundred and seventy-two were taken during the year (as compared with 960 in 1964) from public and private supplies. Five hundred were highly satisfactory, 37 satisfactory, 13 suspicious and 222 unsatisfactory. Although the number of unsatisfactory samples may appear high this is accounted for mainly by special investigations into individual private sources with a view to their improvement or their abandonment in favour of newly-provided public supplies.

SEWERAGE AND SEWAGE DISPOSAL

During the year the Newbiggin Urban District Council completed their re-organisation of the town sewerage system which will result in improved conditions at this popular pleasure beach, and a start was made with the new sewage treatment works to serve Hexham Urban District and certain villages in the adjoining Rural District which is an example of co-operation to be commended and will remove one of the remaining sources of pollution of the non-tidal part of the River Tyne. With regard to the tidal part of the river, where the major problem exists, steps were taken towards the formation of a Joint Board to implement the recommendations of the Working Party on Tyneside Sewage Disposal, and the County Council has maintained its interest in this project in which certain county districts will be participants. Other works in progress were of a minor nature.

RURAL WATER SUPPLIES AND SEWERAGE ACTS, 1944 — 55

Schemes Submitted for Approval

The following schemes were submitted during the year for the consideration of the County Water Supplies and Sewerage Committee under the above Acts :—

		£
Belford Rural District	Sewerage scheme with sea outfall for Bamburgh	33,550
Hexham Rural District	Sewerage and sewage disposal scheme for Blanchland	21,250
Rothbury Rural District	Sewerage and sewage disposal scheme for Rothbury	52,335

The work of this Committee has greatly diminished over the past year or two but schemes are still awaited from certain areas where sewerage problems are known to exist. Figures obtained from the district councils show over 2,000 houses in the rural areas of Northumberland which in this age of computers and satellites are still dependent on privy closets.

Ministry Inquiries and Investigations

Local inquiries and investigations into the following proposed schemes were held by Ministry of Housing and Local Government inspectors :—

- (a) An investigation at Berwick on the 11th May into the Norham and Islandshires Rural District Council's scheme of sewerage and sewage disposal for East Ord. (£19,000).
- (b) An investigation at Rothbury on the 13th October into the Rothbury Rural District Council's scheme for relief sewers and re-modelling of sewage disposal works for Rothbury. (£52,335).
- (c) An investigation at Haltwhistle on the 21st October into the Haltwhistle Rural District Council's sewerage and sewage disposal schemes for Henshaw and Bardon Mill (£48,064), and Greenhead and Bank Foot. (£25,845).

My department was represented on these occasions and evidence was given in support of the schemes. In the case of the East Ord proposals, the scheme was referred back for further consultation among the interested parties, including the County Council, because of the cost and the engineering difficulties of the scheme, to see whether a modified proposal for partial treatment would meet the case, the proposed outfall being into the tidal reaches of the River Tweed. A final decision has not yet been reached in the matter.

Work in Progress

The following are details of work in progress in the county during the year with some indication of the stage reached by 31st December.

<i>District</i>	<i>Scheme</i>	<i>Progress</i>
Ashington Urban District	Black Close sewer.	75% completed
Bedlingtonshire Urban District	Main drainage scheme—Phase 2 . .	Completed except for Sleek Burn Crossing.
Alnwick Rural District	Comprehensive water supply scheme for Newcastle and Gateshead Water Company	66% completed
	Sewerage scheme, Rennington . .	33% completed
Bellingham Rural District	Sewerage scheme, Ridsdale	50% completed
Hexham Urban and Rural Districts	New sewage disposal works for Hexham and Acomb/Sandhoe villages	50% completed
Morpeth Rural District	Sewerage scheme, Hepscott.. . .	25% completed

Schemes Completed During the Year

<i>District</i>	<i>Scheme</i>	<i>Month</i>
Newbiggin Urban District	Main drainage scheme	November
Belford Rural District	Belford sewage works extension . .	September
Hexham Rural District	Comprehensive water supply scheme for Newcastle and Gateshead Water Company	March
	Sewerage scheme, Langley, Haydon Bridge	May
Norham and Islandshires Rural District	Sewerage scheme, Donaldson's Lodge	December

CLEAN AIR ACT, 1956

For the first time since 1962, it is possible to report some progress in the making of smoke control areas by local authorities in the county. Whitley Bay Borough brought into operation its first area of 110 acres and 797 properties, and Newburn Urban District a third area of 22 acres and 204 houses. This brings the total area in the county subject to smoke control to 721 acres containing at present 5,900 houses and eventually increasing to nearly 7,000 properties. Confirmed by the Ministry during the year, to come into operation in 1966, were a third and fourth area in Wallsend and three additional areas in Newburn, while the Seaton Valley Urban District Council obtained an order in respect of the area of the Cramlington New Town, thus ensuring a smokeless future for this new development.

This is an improvement over the record of the past few years but represents only a fraction of what is possible. There are signs that the Government are becoming somewhat impatient at the apparent inaction on the part of certain authorities in the so called "black" areas which include parts of South East Northumberland.

MILK AND DAIRIES

Milk (Special Designation) Regulations 1963

Milk (Special Designation) (Amendment) Regulations 1965

Under the above Regulations, the County Council as food and drugs authority, has the duty of licensing and supervision of all dealers in designated milk and this work is carried out within the department, together with supervision of milk treatment plants, specified area enforcement, etc. Exceptions within the administrative county are the Borough of Wallsend, which is a separate authority for this purpose, and from April 1965, the Longbenton Urban District Council, which having reached the population figure laid down by the Food and Drugs Act also took over statutory powers.

The designations permitted under the Regulations are "Pasteurised", "Sterilised" and "Untreated", and the 1965 amended regulations which came into force on 1st October made legal a fourth designation — "Ultra Heat Treated" or "U.H.T.", for milk heated to 270° Fahrenheit for one second and then immediately put into sterile containers. The purpose of this process is to provide a milk which whilst resembling fresh milk in taste and appearance will nevertheless have an extended life. The actual treatment of the milk raises no technical problem, and in fact suitable plant already exists in the county, forming one stage of one of the sterilising installations, but the aseptic filling technique requires highly complicated and costly machinery, which means that for the time being at least, only the largest dairies in the country will be capable of handling this product. For this reason it is not expected that there will be much interest in this development in Northumberland in the near future.

DEALERS' LICENCES

The year marked the conclusion of the first five-year period of County Council administration of dealer licensing, and all licences therefore became due for renewal at the end of December.

Details of licences in force are shown in the accompanying Table.

	At 1st January 1965	At 31st December 1965
Licences to bottle Un- treated Milk (Form B)	15	16
Pasteuriser's Licence (Form C)	6	6
Steriliser's Licence (Form D)	2	2
Dealer's Licence for Un- treated, Pasteurised & Sterilised Milk (Form F)	310	309
Dealer's Licence for Ster- ilised Milk only (Form F)	388	280
	721	613

Some licences were not renewed at the end of the year but the reduction shown was mainly due to the transfer of 64 dealers to Longbenton Urban District Council on the assumption of food and drugs powers by that authority in April. Apart from the purely administrative work of issuing licences, regular inspections of dealers premises are required and samples of milk are taken for examination by the statutory tests laid down in the Special Designation Regulations. This work is carried out by the County Health Inspector and during the year 538 visits were paid to dealers other than licensed processors as compared with 454 in 1964. In only a few isolated cases were any contraventions of the Regulations found and these were dealt with satisfactorily by warnings.

In spite of the 15 months' notice of the abandonment of the designation "Tuberculin Tested" which was finally to disappear on 31st December, 1964, a check early in the new year found one or two dealers still without the correct caps for the new "Untreated" designation. These were quickly brought into line.

PRODUCERS' LICENCES

These continued to be the responsibility of the Ministry of Agriculture, Fisheries and Food through their county officers, to whom I am indebted for the figures quoted in this paragraph. The number of farms in the county registered for milk production followed the national trend and continued to decrease, the total remaining at the end of the year being 749 compared with 777 for the previous year. All herds are now attested and licences are only necessary for those producers who dispose of milk by retail or as "farm-bottled", of which there were 164 at the end of December, though not all of these were necessarily carrying on a substantial retail business.

MILK SAMPLING — STATUTORY

During the year the policy was continued of organising routine sampling so as to relate the frequency of sampling to the volume of business carried on by the various dealers, to avoid as far as possible duplication, but at the same time to spread the work over the areas of the various County districts. Each local authority is furnished with a monthly report of all samples taken within its area. Greater supervision is obviously necessary in the case of raw milk. On the other hand, since the statutory test for sterilised milk is only intended to indicate efficiency of heat treatment, and since milk which complies with the test at the time of production will not subsequently fail, there is little point in extensive sampling from dealers' shops.

While engaged on sampling from dealers the opportunity has been taken where possible of including a limited number of samples from producer-retailers on their rounds, principally for the purpose of biological investigation, but such samples have also been submitted to the keeping quality test, and any failures obtained reported to the Milk Officers of the Ministry of Agriculture, whose responsibility they are.

The total number of samples taken during the year was 1,426 compared with 1,486 for the preceding year, The summer being generally wet and cold there were no samples reported as " void " due to high atmospheric temperature.

	Passed	Failed	Total
<i>Untreated Milk</i>			
Methylene Blue Test ..	157	34	191
<i>Pasteurised Milk</i>			
Methylene Blue Test ..	582	10	592
Phosphatase Test	590	2	592
<i>Sterilised Milk</i>			
Turbidity Test	51	—	51
	1,380	46	1,426

MILK SAMPLING — BIOLOGICAL

There was a serious curtailment of the work done in this connection during the year due to difficulties at the laboratory resulting in a complete suspension for a few months of biological testing and a further period during which only priority samples could be accepted. As a result only 84 routine samples were examined by this means for the presence of tuberculosis or *B. abortus*

infection, little more than half the previous year's total. The following is a break-down of the figures :—

	<i>Number of Samples</i>
From Bottling Dealers	8
From other Dealers	31
School Supplies (Producer-Retailers) ..	12
From other Producer-Retailers	27
Hospital Farms (on behalf of the Ministry of Health)	6
	—
	84
	—

No case of bovine tuberculosis was found. There has not been an instance of milk infected with this disease in the county since 1959. One routine sample was reported positive to *B. abortus*, and the usual steps were taken by individual cow sampling to locate the source of the infection, the milk from 7 cows in the herd being excluded from the farm-bottled supply by agreement with the farmer and sent for pasteurisation. No formal order by the district Medical Officer of Health under Regulation 20 of the Milk and Dairies (General) Regulations was necessary and the undertaking was faithfully honoured. It was therefore disappointing that further action became necessary concerning the same supply early in the new year, the infection having spread within the herd. This is not the first such experience in the county.

Another herd became the subject of a similar detailed investigation following a report of a case of undulant fever where the patient had been consuming untreated Channel Islands milk. In this case the farmer decided at the outset to try to eliminate the infection completely with veterinary assistance and 6 cows were immediately sent for slaughter following milk ring tests and blood agglutinations. This herd now appears to be clear of infection.

The moral of these two cases is obvious. Although action to exclude the milk from the known secretors, whether informally or by Regulation 20, will remove the immediate danger to the public health, and this is the limit of the Medical Officer of Health's powers, one cannot feel happy about a herd where latent infection remains present, knowing that at any time it may again break through into the milk supply. In the absence of a national eradication scheme, which when it is eventually adopted will be costly, one wonders whether it would be practicable to proceed in the meantime by offering some financial inducement to those producer-retailers and farm-bottlers who are prepared to face the expense of cleaning up their own herds by blood agglutination and milk ring testing. There would be many difficulties in devising such a scheme but discussion with milk producers suggests there might be some merit in the idea, which is of course how attestation of

herds first began, in a small way, so that by the time compulsory eradication of tuberculosis was adopted, the problem had been reduced to no more than a mopping-up operation.

Two further cases of undulant fever were followed up by milk sampling. In one, no result was obtained, but the second case, a farm worker, had been consuming milk from a single cow kept for the domestic supply on a non-dairying farm. This animal proved to be infected and the owner immediately voluntarily sent her for slaughter. One wonders how many similar cases there might be which never come to light because no milk is sold off the farm and samples are therefore never taken for routine examination.

Since in dealing with infected milk both the county district councils and the county authority are concerned, by reason of their respective powers and duties under the Milk Regulations and the Food and Drugs Act, it is pleasing to be able to record that there has been excellent co-operation between both sides in these investigations which are frequently protracted and difficult.

PASTEURISING PLANTS

The number of licensed pasteurising plants in the County remained at 6, with daily throughputs varying from 1,000 to 8,500 gallons. All the plants are of modern design and operate on the H.T.S.T. system, the total quantity of milk treated being about 25,000 gallons per day.

Pasteurised homogenised milk is also processed at one establishment and another pasteurises a limited quantity of Channel Islands Milk.

The dairies concerned were regularly inspected by the County Health Inspector and samples of treated milk were taken. Washed bottles were also taken from time to time for bacteriological examination.

Number of inspections made	154
Number of samples taken at dairies ..	204

All the samples taken complied with the Methylene Blue Keeping Quality Test and the Phosphatase Test for efficiency of heat treatment. The pasteurisation plants were maintained in a satisfactory condition, such minor defects as were brought to the notice of the dairy managers being dealt with at once. Of 114 washed bottles examined from the plants, 14 failed to reach the standard of bacteriological cleanliness recommended by the Public Health Laboratory Service. The failures were brought to the notice of the firms concerned, but this standard is of course purely an advisory one and not enforceable by law. Attention was also given from time to time to the condition of churns used for farm milk, and these were generally satisfactory. One of the dairies is now receiving most of its milk by bulk collection tanker, but as

this form of transport is really more suitable for the larger dairy farms, there will be a limit to further development in this direction in Northumberland.

STERILISING PLANTS

The two plants licensed for milk sterilisation continued in operation during the year and gave satisfactory results. One of these consists of the conventional oven batch treatment, the other being an ultra-high-temperature plant working in conjunction with a continuous in-bottle steriliser. Fifty-two visits of inspection were made to the premises and 51 samples taken at the dairies all satisfied the turbidity test. In view of the limited value of this statutory test, occasional samples were also submitted for bacterial assay and all showed that a good standard was being maintained.

SPECIFIED AREA

The County Council as food and drugs authority are responsible for enforcement of the specified area scheme, which forbids the sale of milk otherwise than under one of the special designations, i.e. "Untreated", "Pasteurised" or "Sterilised." No contraventions came to light during the year.

Exception is made as a last resort for the issue by the Ministry of a "consent" to a retailer to dispense with the requirements of the Order where there is no possibility either of the immediate grant of a producer's licence or of an alternative supply of milk, and at the beginning of the year 4 such "consents" were in operation. The amount of milk represented by these was very small. When the County first became subject to the scheme, there were as many as 15 producers authorised in this way. The number has gradually fallen until it now appears we have reached the irreducible minimum who are likely to remain indefinitely, all of them in remote rural parts of the county.

Milk in Schools Scheme

With the ending in March of the 3-year contract period, new tenders were sought for the supply of school milk for the following three years but little change resulted in the overall supply position, details of which as at 31st December are shown in the accompanying Table.

<i>Grade of Milk</i>	<i>No. of Schools</i>	<i>Percentage of schools</i>	<i>Percentage of pupils</i>
Pasteurised	335	89.9	98.40
Untreated	34	9.1	1.52
No Fresh Milk ..	4	1.0	0.08
	<hr/> 373	<hr/> 100.0	<hr/> 100.00

There was as usual fairly keen competition in the South-East part of the county but there were many rural schools for which tenders were not received and here the supply had to be secured by arrangement with an approved retailer or farmer. In some cases the requirement as to supply in 1/3rd pint bottles had to be waived in order to obtain milk at all. The number of schools for which a supply of fresh milk could not be obtained was 4. This is a reduction from 7 in the previous year and represents less than 1% of the total school population, all in outlying rural schools. These made use of either reconstituted dried milk or flavoured milk tablets.

All sources of supply were subject to prior approval by the department and regular samples from all sources were taken for examination, particular attention being paid to those schools receiving raw milk, in which cases routine biological testing for both tubercle and brucella infection was also carried out, with 100% negative results. The following table shows the sampling picture for the year.

	<i>Passed</i>	<i>Failed</i>	<i>Void</i>	<i>Total</i>
<i>Untreated Milk</i>				
Methylene Blue Test.	36	2	—	38
<i>Pasteurised Milk</i>				
Methylene Blue Test	129	6	—	135
Phosphatase test . .	133	2	—	135

It must unfortunately be recorded that a case occurred during the year of broken glass being found in a bottle of school milk. This having been reported to the district council Health Department by the head teacher, it was deemed to be a suitable case for proceedings which resulted in a fine of £10 and costs against the dairy concerned. One bottle out of many hundreds of thousands delivered annually is perhaps not a bad record but the implications of broken glass in school milk are none the less serious and cannot be taken lightly.

The proportion of children availing themselves of the service under the scheme on a selected day in October was 85.0%.

ICE CREAM

Ice Cream (Heat Treatment, etc.) Regulations 1959

The number of samples of ice cream submitted by district councils for examination by the Public Health Laboratory Service during the year was 171, the lowest for many years. The figures show that a satisfactory standard was being maintained for the Methylene Blue Grading Test. The Ministry suggest that taken over a period, 50% should reach Grade I and 80% Grades I and II combined. The actual figures for the county for 1965 were 60.5% and 83.9% respectively. The most unsatisfactory samples, those in Grade IV, represented 9.3% of the total. In addition, 6 samples of ice lollies were submitted for examination by the Presumptive Coliform test, similar to that applied to drinking water, and all were highly satisfactory. Thirteen districts submitted no samples during the year.

LIQUID EGG

Liquid Egg Pasteurisation Regulations 1963

There are no liquid egg pasteurisation plants in the county but 2 samples were taken of the product by one authority for the alpha-amylase test for the efficiency of heat treatment. Both were satisfactory.

SCHOOL SWIMMING POOLS

The number of learner swimming pools in use at county schools rose to 8 during the year and routine supervision continued to be carried out by the County Health Inspector. Seventy-six visits of inspection were paid, tests were made of the free residual chlorine and pH of the water and the log books examined. Sixty-nine samples of water were taken for bacteriological examination, of which only one was unsatisfactory, in which instance the result was not unlooked for since the chlorine was found to be deficient at the time of inspection. This was immediately remedied and no similar trouble has since been experienced at that particular pool. Any minor matters requiring attention were brought to the notice of the appropriate department and were satisfactorily dealt with. The benefit the children derive from these pools is undeniable and their popularity is obvious, as was evidenced by the dismay when one pool had to be closed temporarily for a period due to a mechanical difficulty.

FOOD AND DRUGS ACT, 1955

(Mr. C. L. ARLIDGE)

During the year ended 31st December, 1965, the County Sampling Officers procured a total of 3,523 samples under the provisions of the Food and Drugs Act, 1955, the Preservative Regulations and the Labelling of Food Order, 1953.

The articles may be summarised as follows :—

<i>Article</i>	<i>No. taken</i>
Baking Powder	6
B.P. Official Preparations and Household Medicaments	51
Beer	33
Bread	5
Bread and Butter	4
Butter and Margarine	34
Cake and Pudding Mixtures	51
Canned Fruit and Vegetables	95
Cereals	16
Cheese and Cheese Spread	8
Christmas Puddings	3
Coffee, Coffee and Chicory Essence	21
Condiments, Sauces, Flavourings, Pickles, etc.	126
Condensed and Evaporated Milk	19
Cream	15
Custard Powder	6
Desiccated Coconut	8
Dried Fruit	34
Fish and Fish Cakes	26
Flour	6
Flour Confectionery	21
Fresh Cream Cakes	4
Fresh Fruit and Vegetables	47
Glace Cherries	9
Ground Almonds	6
Ice Cream and Iced Lollies	35
Jam, Marmalade, Syrup, etc.	84
Juices	47
Lard, Cooking Fat, etc.	23
Marzipan	9
Meat Products (Open and Tinned)	63
Milk	2,185
Milk Powder	14
Mincemeat	7
Pastes (Meat and Fish)	14
Sausages	70
Soft Drinks	110
Soups	19
Spirits (Gin, Rum and Whisky)	30

Sugar Confectionery	..	..	..	..	56
Sugar and Icing Sugar	..	..	..	..	11
Table Jellies	..	..	..	..	25
Tea	..	..	..	..	18
Vinegar	..	..	..	..	28
Wines	..	..	..	..	6
Miscellaneous (Unclassified samples)	..	..	..	..	15
TOTAL					3,523

Adulterated or Unsatisfactory Samples

<i>Name of Article</i>	<i>Analyst's Report</i>	<i>Action taken</i>
Dijon Mustard with White Wine ..	As the sample contained only 0.6% of white wine the inclusion of this commodity in the description is not justified	The manufacturers agreed to increase the white wine content to 3%
Pork Sausages ..	Contained pieces of gristle or inedible matter	Manufacturers cautioned.
Fried Potatoes ..	The fat in this sample was partly rancid	Remaining stock withdrawn. Importation now ceased.
Pastry Mix ..	The fat in this sample was partly rancid	Old stock. Remainder withdrawn from sale.
Prunes in Syrup ..	Contained 450 p.p.m. tin ..	The Cannors were warned not to use unlacquered tins.
Prunes in Syrup ..	Contained 435 p.p.m. tin ..	
Blackcurrant Juice Cordial	Contained 680 p.p.m. Sulphur Dioxide	Manufacturers cautioned.
Whole Lemon Drink	60% deficient in fruit content..	Stocks withdrawn from sale until new Soft Drink Order becomes operative in June 1965.
Pork Sausages ..	Contained 300 p.p.m. Sulphur Dioxide which had not been declared.	Vendor cautioned.
Forcemeat.. ..	Contained an excess of fatty acid	Remaining stock destroyed.
Mincemeat.. ..	Deficient in soluble solids to the extent of 1.2%.. ..	Manufacturers agreed to amend their recipe to allow increased margin for variation.
Tea Loaf Mix ..	Contained an excess of fatty acid	Remaining stock destroyed.
Lemon Drink ..	25% deficient in fruit juice ..	The sale and distribution of these products several months prior to the operative date of the new Soft Drinks Order must have resulted in considerable financial benefit to the manufacturers. The retailers were warned not to sell these goods until the Order came into force.
Lemon Drink ..	32% deficient in fruit juice ..	
Grapefruit Drink ..	20% deficient in fruit juice ..	

<i>Name of Article</i>	<i>Analyst's Report</i>	<i>Action taken</i>
Dyed Eggs.. ..	The dye was of a type not permitted by the Colouring Matter in Food Regulations	The manufacturers have agreed that coloured eggs will not be sold in future.
Pork in natural Juices	The presence of Sodium Nitrate was not declared	The importation of this product has now ceased.
Beef Sausages	Contained Sulphur Dioxide, the presence of which had not been declared to the purchaser.	Manufacturer cautioned.
Instant Low Fat Milk	The label does not conform to the Dried Milk Regulations, 1965.	Manufacturers to amend the labels.
Evaporated Milk	The label does not conform to the Condensed Milk Regulations, 1959.	Product of Norway. Unsold stocks recalled by Importers for re-labelling.
Malt Vinegar	Contained a small percentage of salt which had not been included in the statement of ingredients.	The Manufacturers have undertaken to amend the label.
Instant Low Fat Milk	Not labelled in accordance with the Dried Milk Regulations. The label also bore an implied claim for slimming which was not justified.	The manufacturers have agreed to amend the label and omit reference to slimming.
Sliced Toast	The carton bore the statement "Keep fit with Toasted Slice."	Imported from Holland. Stocks returned to Distributors for amendment of label.
<p>The Bread and Flour Regulations prohibit the giving with any food of a label which is calculated to indicate, directly or by ambiguity, that the food is an aid to slimming unless the label bears a clear and conspicuous statement to the fact that the food cannot aid slimming unless it forms part of a diet in which the total intake of calories is controlled.</p>		
Corn Oil Margarine	The "100% Corn Oil" on the label is not correct as the Oil had been modified by hardening	The labels have been suitably amended and unsold stocks withdrawn.
Malt Vinegar	Contained a small percentage of salt	The labels have been amended so as to indicate the presence of salt.
Pre-salted Potato Sticks	The fat in this sample showed evidence of rancidity	Remainder of stock destroyed.
Rhubarb, Lemon and Preserved Ginger Jam	1.6% deficient in soluble solids	Producer cautioned.
Orange Marmalade.	5.5% deficient in soluble solids	Producer cautioned.
<p>14 samples of milk delivered to a dairy by a local farmer were reported by the Public Analyst to be slightly deficient in non fatty solids. The freezing point tests showed that these deficiencies were due to natural causes and not to the addition of water. The farmer was advised to seek expert guidance as to the methods he should adopt to improve the quality of his milk.</p>		
Blackcurrant Cordial	Contained saccharin which had not been declared	Unsold stocks returned to manufacturers for re-labelling.

<i>Name of Article</i>	<i>Analyst's Report</i>	<i>Action taken</i>
Peaches	This sample was submitted to the Public Analyst as a result of complaints that children had developed sores around their mouths following the eating of raw peaches. The Public Analyst reported that there was no pesticidal residue on the fruit, nor was there any other contamination detected.	
Beef Sausagemeat	Contained Sulphur Dioxide the presence of which was not declared to the purchaser ..	Vendor warned to make the appropriate declaration.
Beef Sausages ..	Contained Sulphur Dioxide the presence of which was not declared to the purchaser ..	Vendor warned to make the appropriate declaration.
Malt Vinegar ..	Contained Sodium Chloride which had not been included in the list of ingredients.	Manufacturers to amend their label.
Iced Lollies ..	Contained 80 parts per million of Benzoic Acid. Preservatives are not permitted in articles of this nature.	See below.
Supa Pop	Contained 170 parts per million of Benzoic Acid. Preservatives are not permitted in articles of this nature.	See below.

The above two samples were manufactured and purchased by the retailers as soft drinks which are allowed to contain preservative but were then frozen by the retailers and sold in the form of iced lollies. The retailers have been warned that this practice must cease and the manufacturers have agreed to incorporate in their labels a warning that these products contain preservative and must not be sold in a frozen state.

Orange Drink ..	Contained Saccharin the presence of which was not declared.	See below.
Lemon Crush ..	Contained Saccharin the presence of which was not declared.	See below.

The Soft Drinks Regulations, 1964, provide that the presence of Saccharin in a soft drink must be declared on the label affixed to the product. Investigations showed that these articles had been delivered prior to the coming into operation of the Regulations. Unsold stocks were returned to the manufacturers so that the labels could be amended.

Orange Juice ..	Contained 54% of extraneous water	J. E. Barnes (Fruiters Limited of Bedlington were fined £2 and ordered to pay £9 5s. 0d. costs.
Malt Vinegar ..	Contained Sodium Chloride the presence of which had not been declared.	Manufacturers agreed to amend their label.
Orange Crush ..	Contained an excessive amount of artificial sweetener	Manufacturers cautioned.
Cal-fresh (Calcium Drink) ..	Contained Sodium Cyclamate not permitted by the Artificial Sweeteners in Food Order, 1953	Manufacturers cautioned.
Bread and Butter ..	A sample of bread coated with margarine	G. K. Small, Tudor Cafe, Marine Terrace, Whitley Bay, fined £10 and ordered to pay £3 18s. 0d. costs.

<i>Name of Article</i>	<i>Analyst's Report</i>	<i>Action taken</i>
Baking Powder ..	82.5% deficient in available carbon dioxide.. ..	Alliance Wholesale Grocers (Northern) Ltd. of 382/386 Edgware Road, London, fined £20 and ordered to pay £3 10s. costs.
Pork Sausages ..	Contained undeclared preservative.	Vendor cautioned.
Farm Butter ..	Contained excess water ..	Producer cautioned.
Terms	The claim that Terms are "A tasty aid to slimming diets" should have been qualified by the statement that this product was an aid only if it formed part of a diet in which the total intake of calories was controlled.	Manufacturers agreed to amend their labels.
Lemon Juice ..	Contained Sodium Cyclamate not permitted by the Artificial Sweeteners in Food Order, 1953	Manufacturers cautioned.

Those parts of the Food and Drugs Act which are administered by Inspectors of the Weights and Measures Department, are concerned chiefly with control over the nature, substance and quality of food and drugs and the accuracy of labelling or advertising of such articles. To this end, samples are taken of all types of these commodities and submitted to the Public Analyst. Upon completion of his analysis of the article a certificate is issued by him stating whether or not it is genuine and if in any respect, in his opinion, the commodity falls below the necessary standard, details of the failing are stated in the certificate. Each adverse report is followed up by Officers of the Department either by correspondence with the manufacturers, packers or importers or by visits to the factories, to determine the cause of the irregularity. Except in serious cases where legal proceedings are necessary, investigations, interviews and correspondence continue until it is quite certain that the cause of the trouble has been eliminated.

The usual range of foods were found with incorrect or incomplete descriptions or with labels which did not comply with the legal requirements in some respect. A considerable volume of correspondence was necessary in the correcting of all these matters and in providing advice to an increasing number of manufacturers and packers on labelling problems generally. With the passing of the Middlesex County Council which operated a very important advisory service on the labelling of food, it is likely that all Departments which administer the labelling regulations, will receive increased requests for assistance. Advice of this nature, particularly important to local firms, is a very valuable way of ensuring compliance with all the labelling and marking provisions.

The special examination of fruit and vegetables for pesticidal residues was continued during the year. 47 samples from various parts of the County were tested and reported to be free of harmful contamination.

The Public Analyst reported that he had found two samples of Canned Prunes to contain 435 and 450 parts of tin. Although there is no legal limit for the amount of tin in canned foods, the Food Standards Committee of the Ministry of Food have recommended that tin in excess of 250 parts should be regarded as unsatisfactory.

Subsequent enquiries to discover the cause of these excessive quantities of tin, revealed that the Cannery were using unlacquered tin because it was claimed that meat lacquer transmitted a flavour to the prunes themselves and made the fruit unacceptable.

TABLES
of
STATISTICS
1965

TABLE I.

ADMINISTRATIVE COUNTY OF NORTHUMBERLAND.

POPULATION—YEAR 1965.

BOROUGHES :

Berwick-upon-Tweed	..	..	..	..	..	11,800
Blyth	..	..	..	..	..	36,320
Morpeth	..	..	..	..	..	13,950
Wallsend	..	..	..	..	..	48,720
Whitley Bay	..	..	..	..	..	38,310
						<hr/> 149,100

URBAN DISTRICTS :

Alnwick	..	..	..	..	..	7,600
Amble	..	..	..	..	..	5,010
Ashington	..	..	..	..	..	26,480
Bedlingtonshire	..	..	..	..	..	30,930
Gosforth	..	..	..	..	..	27,400
Hexham	..	..	..	..	..	9,690
Longbenton	..	..	..	..	..	47,580
Newbiggin-by-the-Sea	..	..	..	..	..	9,900
Newburn	..	..	..	..	..	31,630
Prudhoe	..	..	..	..	..	10,580
Seaton Valley	..	..	..	..	..	26,930
						<hr/> 233,730

RURAL DISTRICTS :

Alnwick	..	..	..	..	..	12,280
Belford	..	..	..	..	..	4,820
Bellingham	..	..	..	..	..	5,190
Castle Ward	..	..	..	..	..	32,040
Glendale	..	..	..	..	..	6,830
Haltwhistle	..	..	..	..	..	6,800
Hexham	..	..	..	..	..	20,500
Morpeth	..	..	..	..	..	17,950
Norham and Islandshires	..	..	..	..	..	3,860
Rothbury	..	..	..	..	..	5,330
						<hr/> 115,600

TOTALS ..

498,430

TABLE 2.
POPULATION—DISTRIBUTION FOR PURPOSES OF
AREA ADMINISTRATION.

AREA.				POPULATION.
North No. 1	..	..		27,310
North No. 2	..	..		30,220
Central	..	..	..	68,280
East..	..	..	..	67,250
South	..	..	..	104,400
South-East..	..	..	..	112,820
West	..	..	..	39,430
Wallsend	..	..	..	48,720
TOTAL				498,430

TABLE 3.
VITAL AND MORTALITY STATISTICS.

YEAR.				Birth rate per 1,000 living.	General death rate per 1,000 living.	Infant mortality rate per 1,000 live births.	Death Rate from Respiratory Tuberculosis per 1,000 living.	Death Rate from Cancer (excluding Leukaemia Aleukaemia) per 1,000 living.
1940	..	..		15.00	12.44	59.00	0.55	1.58
1941	..	..		15.07	12.84	74.00	0.51	1.61
1942	..	..		16.39	11.59	54.00	0.39	1.59
1943	..	..		17.61	12.50	56.00	0.51	1.72
1944	..	..		19.87	12.16	48.00	0.50	1.86
1945	..	..		17.58	12.24	50.00	0.47	1.84
1946	..	..		19.74	11.98	48.00	0.49	1.73
1947	..	..		20.66	12.14	43.00	0.44	1.77
1948	..	..		18.04	11.13	40.00	0.43	1.74
1949	..	..		17.52	11.92	36.00	0.37	1.82
1950	..	..		16.69	12.24	36.60	0.28	1.75
1951	..	..		16.46	12.58	32.49	0.24	1.82
1952	..	..		16.08	11.25	29.37	0.17	1.92
1953	..	..		16.90	11.78	28.46	0.16	1.89
1954	..	..		16.26	12.23	27.03	0.15	1.95
1955	..	..		16.34	12.06	26.75	0.15	1.92
1956	..	..		16.51	11.87	25.80	0.11	1.90
1957	..	..		16.68	11.49	23.51	0.06	1.87
1958	..	..		17.08	12.05	24.03	0.06	2.03
1959	..	..		17.23	11.56	23.58	0.04	1.90
1960	..	..		16.66	11.80	20.28	0.05	1.95
1961	..	..		16.75	11.97	19.75	0.06	1.93
1962	..	..		17.20	12.23	23.28	0.05	2.08
1963	..	..		17.13	12.52	20.79	0.05	1.99
1964	..	..		16.80	11.76	20.11	0.03	2.10
1965	..	..		16.13	12.38	16.05	0.03	2.15

TABLE 4.
GENERAL STATISTICS.

	NUMBERS			RATES		
	Boro's and Urban Districts.	Rural Districts.	Total for County.	Boro's and Urban Districts.	Rural Districts.	Total for County.
Population	382, 830	115,600	498,430			
Births (Live)	6,327	1,712	8,039	16.53	14.81	16.13
Legitimate	6,041	1,638	7,679	15.78	14.17	15.41
Illegitimate.. ..	286	74	360	0.75	0.64	0.72
				(per 1,000 population)		
Births (Still)	108	30	138	16.78	17.22	16.88
Legitimate	105	30	135	17.08	17.99	17.28
Illegitimate.. ..	3	—	3	10.38	—	8.26
				(per 1,000 Registered Births)		
Births (Live and Still)	6,435	1,742	8,177	16.81	15.07	16.41
Legitimate	6,146	1,668	7,814	16.05	14.43	15.68
Illegitimate.. ..	289	74	363	0.76	0.64	0.73
				(per 1,000 population)		
Deaths (Total)	4,549	1,621	6,170	11.89	14.01	12.38
				(per 1,000 population)		
Deaths of Infants under 1 year of Age	105	24	129	16.60	14.02	16.05
Legitimate	96	23	119	15.89	14.04	15.50
Illegitimate.. ..	9	1	10	31.47	13.51	27.78
				(per 1,000 Live Births)		
Deaths of Infants under 4 weeks of Age	78	19	97	12.33	11.10	12.07
Legitimate	71	18	89	11.75	10.99	11.59
Illegitimate.. ..	7	1	8	24.48	13.51	22.22
				(per 1,000 Live Births)		
Deaths of Infants under 1 week of Age	69	19	88	10.91	11.10	10.95
Legitimate	63	18	81	10.43	10.99	10.55
Illegitimate.. ..	6	1	7	20.98	13.51	19.44
				(per 1,000 Live Births)		
Maternal Deaths	2	—	2	0.31	—	0.24
				(per 1,000 Births— Live and Still)		

	Births	Deaths
Comparability Factors	1.01	1.02
(Administrative County)		
Rates per 1,000 Population after adjustment	16.29	12.62

TABLE 5.

BIRTHS (LIVE AND STILL).

COUNTY DISTRICTS.	LIVE.					STILL.					Total Births— Live and Still.
	Leg.		Illeg.		Total	Leg.		Illeg.		Total	
	M.	F.	M.	F.		M.	F.	M.	F.		
Boroughs :											
Berwick	97	114	6	5	222	3	—	—	—	3	225
Blyth	316	318	23	14	671	8	3	—	—	11	682
Morpeth	96	122	4	3	225	1	2	—	—	3	228
Wallsend	456	431	27	16	930	8	9	—	1	18	948
Whitley Bay	306	265	18	9	598	5	2	1	—	8	606
Urban Districts :											
Alnwick	57	55	2	5	119	—	1	—	—	1	120
Amble	53	43	1	2	99	1	1	—	—	2	101
Ashington	188	196	15	12	411	5	4	—	—	9	420
Bedlingtonshire	263	251	9	12	535	5	6	—	—	11	546
Gosforth	207	179	8	8	402	7	2	—	—	9	411
Hexham	61	63	4	4	132	1	3	—	—	4	136
Longbenton	315	346	15	15	691	3	5	—	—	8	699
Newbiggin-by-the-Sea	63	72	3	3	141	1	—	—	—	1	142
Newburn	273	246	7	9	535	7	4	—	—	11	546
Prudhoe	86	85	3	3	177	1	—	—	—	1	178
Seaton Valley	212	206	8	13	439	2	5	—	1	8	447
Rural Districts :											
Alnwick	115	92	5	6	218	—	2	—	—	2	220
Belford	30	30	2	1	63	3	—	—	—	3	66
Bellingham	25	38	2	1	66	—	—	—	—	—	66
Castle Ward	253	220	9	9	491	5	5	—	—	10	501
Glendale	34	32	—	2	68	—	1	—	—	1	69
Haltwhistle	44	47	3	1	95	1	1	—	—	2	97
Hexham	154	160	5	8	327	2	2	—	—	4	331
Morpeth	125	132	8	7	272	4	3	—	—	7	279
Norham and Islandshires	17	26	1	1	45	—	1	—	—	1	46
Rothbury	32	32	2	1	67	—	—	—	—	—	67
TOTALS	3878	3801	190	170	8039	73	62	1	2	138	8177

TABLE 6.
INFANT DEATHS.

COUNTY DISTRICTS.	Live Births.	FIRST YEAR.		FIRST MONTH.		FIRST WEEK.	
		Infant Deaths under 1 year	Infant Mortality Rate per 1000 live births.	Infant Deaths under 4 weeks of age.	Death Rate per 1000 live births.	Infant Deaths under 1 week of age.	Death Rate per 1000 live births.
<i>Boroughs :</i>							
Berwick ..	222	5	22.52	5	22.52	4	18.02
Blyth ..	671	7	10.43	6	8.94	6	8.94
Morpeth ..	225	4	17.78	3	13.33	3	13.33
Wallsend ..	930	20	21.51	13	13.98	12	12.90
Whitley Bay ..	598	11	18.39	8	13.38	6	10.03
<i>Urban Districts :</i>							
Alnwick ..	119	—	—	—	—	—	—
Amble ..	99	—	—	—	—	—	—
Ashington ..	411	9	21.90	7	17.03	6	14.60
Bedlingtonshire	535	7	13.08	4	7.48	4	7.48
Gosforth ..	402	4	9.95	3	7.46	2	4.98
Hexham ..	132	4	30.30	3	22.73	3	22.73
Longbenton ..	691	14	20.26	12	17.37	10	14.47
Newbiggin-by-the-Sea ..	141	2	14.18	1	7.09	1	7.09
Newburn ..	535	9	16.82	8	14.95	8	14.95
Prudhoe ..	177	1	5.65	—	—	—	—
Seaton Valley ..	439	8	18.22	5	11.39	4	9.11
<i>Rural Districts :</i>							
Alnwick ..	218	4	18.35	3	13.76	3	13.76
Belford ..	63	—	—	—	—	—	—
Bellingham ..	66	—	—	—	—	—	—
Castle Ward ..	491	5	10.18	4	8.15	4	8.15
Glendale ..	68	2	29.41	1	14.71	1	14.71
Haltwhistle ..	95	—	—	—	—	—	—
Hexham ..	327	7	21.41	7	21.41	7	21.41
Morpeth ..	272	2	7.35	—	—	—	—
Norham and Islandshires ..	45	—	—	—	—	—	—
Rothbury ..	67	4	59.70	4	59.70	4	59.70
TOTALS ..	8,039	129	16.05	97	12.07	88	10.95

TABLE 7.

CLASSIFICATION OF DEATHS (Year 1965) ACCORDING TO DISEASE.

	BOROUGH AND URBAN DISTRICTS.			RURAL DISTRICTS.			TOTAL COUNTY.		
	M.	F.	Total.	M.	F.	Total.	M.	F.	Total.
Tuberculosis (Respiratory) ..	9	4	13	3	1	4	12	5	17
Tuberculosis (Other) ..	1	—	1	—	—	—	1	—	1
Syphilitic Disease ..	6	1	7	1	1	2	7	2	9
Diphtheria ..	—	—	—	—	—	—	—	—	—
Whooping cough ..	—	—	—	—	—	—	—	—	—
Meningococcal Infections ..	1	—	1	—	—	—	1	—	1
Acute Poliomyelitis ..	—	—	—	—	—	—	—	—	—
Measles ..	1	—	1	1	—	1	2	—	2
Other infective and Parasitic Diseases ..	5	3	8	2	2	4	7	5	12
Malignant Neoplasm—									
Stomach ..	66	65	131	15	13	28	81	78	159
Lung, Bronchus ..	176	29	205	34	8	42	210	37	247
Breast ..	—	62	62	—	22	22	—	84	84
Uterus ..	—	29	29	—	12	12	—	41	41
Other Malignant and Lymphatic Neoplasms ..	231	173	404	85	52	137	316	225	541
Leukaemia, Aleukaemia ..	17	5	22	2	9	11	19	14	33
Diabetes ..	15	17	32	3	17	20	18	34	52
Vascular Lesions of Nervous System ..	295	374	669	169	210	379	464	584	1048
Coronary Disease, Angina Hypertension with Heart Disease ..	626	401	1027	205	138	343	831	539	1370
Other Heart Disease ..	24	47	71	4	11	15	28	58	86
Other Circulatory Disease ..	172	296	468	78	119	197	250	415	665
Influenza ..	76	109	185	29	42	71	105	151	256
Pneumonia ..	9	5	14	2	1	3	11	6	17
Bronchitis ..	96	133	229	33	22	55	129	155	284
Other Diseases of Respiratory System ..	201	77	278	47	13	60	248	90	338
Ulcer of Stomach and Duodenum ..	25	20	45	6	6	12	31	26	57
Gastritis, Enteritis and Diarrhoea ..	12	—	12	6	4	10	18	4	22
Nephritis and Nephrosis ..	9	6	15	1	2	3	10	8	18
Hyperplasia of Prostate ..	9	6	15	8	4	12	17	10	27
Pregnancy, Childbirth, Abortion ..	18	—	18	7	—	7	25	—	25
Congenital Malformations ..	—	2	2	—	—	—	—	2	2
Other defined and Ill- Defined Diseases ..	15	21	36	2	5	7	17	26	43
Motor Vehicle Accidents ..	163	179	342	40	54	94	203	233	436
All other accidents ..	37	9	46	14	8	22	51	17	68
Suicide ..	58	71	129	15	25	40	73	96	169
Homicide and Operations of War ..	16	14	30	2	6	8	18	20	38
	1	1	2	—	—	—	1	1	2
TOTALS ..	2390	2159	4549	814	807	1621	3204	2966	6170

TABLE 8.

DEATHS FROM CANCER.

COUNTY DISTRICTS	Population	Stomach	Lung Bronchus	Breast	Uterus	Other Malignant and Lymphatic Neoplasms	Leukaemia and Aleukaemia	TOTALS.		RATES PER 1,000 POPULATION	
								Excluding Leukaemia Aleukaemia	Including Leukaemia Aleukaemia	Excluding Leukaemia Aleukaemia	Including Leukaemia Aleukaemia
<i>Boroughs—</i>											
Berwick ..	11800	6	4	4	—	14	1	28	29	2.37	2.46
Blyth ..	36320	10	25	4	2	33	4	74	78	2.04	2.15
Morpeth ..	13950	5	3	1	1	11	1	21	22	1.51	1.58
Wallsend ..	48720	8	43	7	1	51	1	110	111	2.26	2.28
Whitley Bay ..	38310	13	25	8	7	55	1	108	109	2.82	2.85
<i>Urban</i>											
<i>Districts :</i>											
Alnwick ..	7600	2	2	—	1	5	—	10	10	1.32	1.32
Amble ..	5010	1	1	1	1	5	—	9	9	1.80	1.80
Ashington ..	26480	14	14	9	2	27	2	66	68	2.49	2.57
Bedlingtonshire	30930	18	14	3	1	29	2	65	67	2.10	2.17
Gosforth ..	27400	6	18	5	2	42	2	73	75	2.66	2.74
Hexham ..	9690	4	5	4	—	10	2	23	25	2.37	2.58
Longbenton ..	47580	16	24	8	4	37	2	89	91	1.87	1.91
Newbiggin-by- the-Sea ..	9900	4	2	1	—	12	—	19	19	1.92	1.92
Newburn ..	31630	8	7	4	7	30	1	56	57	1.77	1.80
Prudhoe ..	10580	3	4	1	—	8	1	16	17	1.51	1.61
Seaton Valley ..	26930	13	14	2	—	35	2	64	66	2.38	2.45
<i>Rural</i>											
<i>Districts :</i>											
Alnwick ..	12280	3	5	3	—	12	1	23	24	1.87	1.95
Belford ..	4820	—	1	3	—	11	—	15	15	3.11	3.11
Bellingham ..	5190	—	1	—	2	3	1	6	7	1.16	1.35
Castle Ward ..	32040	6	13	8	3	38	2	68	70	2.12	2.18
Glendale ..	6830	1	1	2	1	9	—	14	14	2.05	2.05
Haltwhistle ..	6800	3	2	2	1	7	—	15	15	2.21	2.21
Hexham ..	20500	5	7	2	1	28	7	43	50	2.10	2.44
Morpeth ..	17950	5	8	1	3	16	—	33	33	1.84	1.84
Norham and Islandshires	3860	3	2	—	—	6	—	11	11	2.85	2.85
Rothbury ..	5330	2	2	1	1	7	—	13	13	2.44	2.44
TOTALS ..	498430	159	247	84	41	541	33	1072	1105	2.15	2.22

TABLE 9.

DEATH RATES AND DEATHS FROM CANCER

(excluding Leukaemia and Aleukaemia)

YEARS 1940 to 1965.

YEAR.	Population.	Number of Deaths.	Rate per 1,000 Population.
1940	411,400	648	1.58
1941	407,120	656	1.61
1942	398,300	635	1.59
1943	397,740	686	1.72
1944	390,320	725	1.86
1945	392,510	725	1.84
1946	412,080	712	1.73
1947	417,510	740	1.77
1948	431,850	750	1.74
1949	436,370	796	1.82
1950	438,310	768	1.75
1951	437,600	797	1.82
1952	438,300	843	1.92
1953	440,600	836	1.89
1954	445,900	871	1.95
1955	453,000	870	1.92
1956	459,800	874	1.90
1957	463,900	866	1.87
1958	470,300	954	2.03
1959	475,000	904	1.90
1960	482,480	944	1.95
1961	480,530	929	1.93
1962	487,170	1,014	2.08
1963	491,200	977	1.99
1964	494,440	1039	2.10
1965	498,430	1072	2.15

TABLE 10.
TUBERCULOSIS.
STATISTICS—YEARS 1940 to 1965.

YEAR.	NOTIFICATIONS.			DEATHS.			DEATH RATE PER 1,000 POPULATION.		
	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms	Respira- tory.	Other Forms	All Forms
1940	343	111	454	226	58	284	0.55	0.14	0.69
1941	346	116	462	208	51	259	0.51	0.13	0.63
1942	298	116	414	156	36	192	0.39	0.09	0.48
1943	458	125	583	202	50	252	0.51	0.13	0.64
1944	506	134	640	195	43	238	0.50	0.11	0.61
1945	608	127	735	186	47	233	0.47	0.12	0.59
1946	454	116	570	200	42	242	0.49	0.10	0.59
1947	439	125	564	186	39	225	0.44	0.09	0.53
1948	442	137	579	187	32	219	0.43	0.07	0.50
1949	506	104	610	160	26	186	0.37	0.06	0.43
1950	519	116	635	124	26	150	0.28	0.06	0.34
1951	523	87	610	105	18	123	0.24	0.04	0.28
1952	519	91	610	77	15	92	0.17	0.04	0.21
1953	480	111	591	71	12	83	0.16	0.03	0.19
1954	556	101	657	66	7	73	0.15	0.01	0.16
1955	564	79	643	67	8	75	0.15	0.02	0.17
1956	399	68	467	50	5	55	0.11	0.01	0.12
1957	356	69	425	26	7	33	0.06	0.01	0.07
1958	340	57	397	28	4	32	0.06	0.01	0.07
1959	309	35	344	20	4	24	0.04	0.01	0.05
1960	330	37	367	25	1	26	0.05	0.002	0.05
1961	284	49	333	27	4	31	0.06	0.008	0.06
1962	246	34	280	23	3	26	0.05	0.006	0.06
1963	224	36	260	24	5	29	0.05	0.01	0.06
1964	181	21	202	16	3	19	0.03	0.006	0.04
1965	181	28	209	17	1	18	0.03	0.002	0.04

TABLE 11.
NOTIFICATIONS AND MORTALITY AT SPECIFIED AGE PERIODS
DURING THE YEAR 1965.

AGE PERIODS.				* NEW CASES.						DEATHS.					
				Respiratory.			Non-Respiratory.			Respiratory.			Non-Respiratory.		
				M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.
0—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
1—	4	4	8	—	—	—	—	—	—	—	—	—	—	—	—
5—	9	3	12	1	1	2	—	—	—	—	—	—	—	—	—
15—	41	33	74	8	9	17	1	1	2	1	1	2	—	—	—
45—	50	8	58	3	3	6	7	2	9	1	—	—	1	—	—
65 and upwards..	18	11	29	2	1	3	4	2	6	—	—	—	—	—	—
Totals	122	59	181	14	14	28	12	5	17	1	—	—	1	—	—

* Includes new cases coming to the knowledge of the County Medical Officer other than by formal notification.

TABLE 12.
MASS MINIATURE RADIOGRAPHY.

AREA.	Number of X-ray Films.	Number referred to Chest Clinic.	New Cases of Tuberculosis notified.	% Cases of Tuberculosis
UNIT 1A				
Industrial Firms ..	2,151	18	1	0.05
General Public				
Gosforth ..	932	24	1	0.10
Forest Hall..				
Benton ..				
Newburn ..				
Psychiatric Hospitals	940	70	3	0.32
UNIT 1B (Caravan)				
Berwick	260	3	1	0.38
Cramlington ..	376	8	—	—
Earsdon	69	4	—	—
Hexham	183	2	—	—
Howdon	128	—	—	—
Willington Quay ..	27	—	—	—
Wallsend	255	—	—	—
Ponteland				
Training College ..	151	1	—	—
Ponteland Hospital	55	—	—	—
Psychiatric				
Hospitals	891	33	2	0.22
Approved Schools..	261	3	—	—
Building Sites				
(Blyth-Morpeth) ..	84	1	—	—
TOTALS ..	6,763	167	8	0.12

UNIT 1B did not operate in Northumberland during 1965.

TABLE 13.

CARE AND AFTER-CARE.**WORK OF THE SOCIAL WORKER**

Home Visits	..	..	..	..	..	..	..	698
Sanatorium Visits	..	..	..	..	..	..	..	355
Seen at Chest Clinics	..	..	..	..	..	..	..	643
Details of help given :—								
After-Care Sub-Committees :								
				Extra nourishment	..	..	..	175
				Bedding and clothing	..	..	..	22
				Travelling expenses	..	..	..	32
				Other help	..	..	..	33
National Assistance Board :				Extra nourishment	..	..	..	40
				Bedding and clothing	..	..	..	20
				Travelling expenses	..	..	..	8
				Allowances	..	..	..	81
				Other help	..	..	..	9
Resettlement :—								
To Ministry of Labour D.R.O.	..	..	..	..	..	..	..	40
To Government Training Centre or Industrial Rehabilitation Unit	..	..	..	..	..	..	..	5
Attended Resettlement Clinics	..	..	..	..	..	..	..	12
Commenced work	..	..	..	..	..	..	..	19

Help for cases was also obtained from other sources including Nursing Care Committees, Home Help, Handicapped and Mental Welfare Services, Children's Department, National Society for Cancer Relief, Marie Curie Foundation, Chest and Heart Association, Dr. Barnardo's Homes, local and voluntary services and other societies.

TABLE 14.

CHIROPODY

SERVICE	Number of Patients Treated	NUMBER OF TREATMENTS										TOTAL
		DOMICILIARY						CLINICS				
		Expectant Mothers	Elderly		Handicapped		Expectant Mothers	Elderly		Handicapped		
			M	F	M	F		M	F	M	F	
County Chiropodists	3237	4	1463	5014	574	1157	21	906	4134	53	114	13440
Voluntary Services	3327	—	757	2628	—	—	—	1850	7771	—	—	13006
Totals : 1965	6564	4	2220	7642	574	1157	21	2756	11905	53	114	26446
Totals : 1964	5065	2	1784	6452	404	966	20	2822	11668	58	99	24275

TABLE 15. Dental Services for Expectant and Nursing Mothers and Children

PART A. DENTAL TREATMENT — Numbers of cases.

	Number of persons examined during the year (1)	Number of persons who commenced treatment during the year (2)	Number of courses of treatment completed during the year (3)
1. Expectant and nursing mothers	1,098	807	955
2. Children aged under 5 and not eligible for school dental service	2,923	1,936	2,760

PART B. DENTAL TREATMENT PROVIDED

	Scalings and gum treatment (1)	Fillings (2)	Silver nitrate treatment (3)	Crowns and inlays (4)	Extrac- tions (5)	General anaes- thetics (6)	Dentures Provided		Radio- graphs (9)
							Full upper or lower (7)	Partial upper or lower (8)	
1. Expectant and nurs- ing mothers	395	1,553	22	17	1,440	119	338	133	108
2. Children aged under 5 years and not elig- ible for school dental service	250	1,372	467	—	2,069	628	2	2	9

PART C. NUMBER OF PREMISES AND SESSIONS

1.	Number of dental treatment centres in use at end of year for services shown in part B above	30
2.	Number of dental officer sessions (i.e. equivalent complete half days) devoted to maternity and child welfare patients during the year	966

TABLE 16.

MIDWIFERY AND HOME NURSING SERVICE.

MIDWIFERY

Year	Nurses and Midwives Employed	Private Midwives In County	Attended By Midwives	Attended By Private Midwives	Number of Patients Delivered In Hospitals and Other Institutions But Discharged and Attended by Midwives Before Tenth Day	Number of Patients Delivered in Hospitals and Other Institutions But Discharged and Attended by Private Midwives Before Tenth Day	Puerperal Pyrexia
1961	120	12	1,864	213	4,098	13	3
1962	118	13	1,870	159	4,291	10	3
1963	116	11	1,678	140	4,574	15	2
1964	120	12	1,469	112	5,130	14	3
1965	126	8	1,144	109	5,435	14	6

GENERAL NURSING

Year	New Cases	Total Visits	Number of Children Under 5 Years	Number of Old Persons Over 65 Years	Advisory Visits To The Aged
1961	8,074	250,156	445	3,551	9,198
1962	7,704	255,164	425	3,433	9,587
1963	9,787	255,100	500	5,188	10,114
1964	10,201	265,526	546	4,880	10,685
1965	10,782	272,389	457	5,152	10,680

TABLE 17.

VACCINATION AND IMMUNISATION

Sub Committee Area.	DIPHTHERIA					WHOOPING COUGH					TETANUS					POLIOMYELITIS					
	Children Born in Years :—					Children Born in Years :—					Children Born in Years :—					Children Born in Years :—					
	1965	1964	1963	1962	1958-61	Others under 16 yrs.	Total	1965	1964	1963	1962	1958-6	Others under 16 yrs.	Total	1965	1964	1963	1962	1958-61	Others under 16 yrs.	Total
Completed Primary Courses :																					
North No. 1	146	204	15	10	1	2	377	146	204	15	10	7	17	399	120	290	33	22	32	18	515
North No. 2	153	260	20	9	2	—	441	153	260	20	10	16	2	461	116	289	32	15	28	5	485
Central	407	416	22	17	4	1	853	407	416	22	17	110	365	1337	394	534	87	65	53	21	1154
East	423	514	53	17	14	12	1026	423	512	53	17	190	148	1343	396	518	63	31	1	39	1048
South	654	802	68	31	20	3	1552	654	802	69	31	66	366	1988	523	925	140	88	107	60	1843
South East	730	396	50	25	15	3	1217	730	396	50	25	28	19	1248	543	1126	156	36	128	110	2099
West	180	318	30	9	8	2	535	180	318	30	9	10	26	573	86	387	61	20	21	13	588
Wallsend	330	357	22	23	16	—	746	330	357	22	25	200	742	1676	294	432	69	49	217	17	1078
TOTALS	3023	3267	280	144	80	23	6747	3023	3265	281	144	627	1685	9025	2472	4501	641	326	587	283	8810

Completed Primary Courses :

Reinforcing Doses :

North.No. 1	...	8	91	23	317	23	462	—	8	57	11	84	10	170	—	—	8	91	23	315	23	460	—	5	15	3	475	39	537
North.No. 2	...	7	241	42	363	14	667	—	5	194	31	77	5	312	—	—	7	241	42	366	21	677	—	1	5	7	488	56	557
Central	...	—	232	558	52	774	2064	—	230	552	45	200	7	1034	—	—	232	558	52	774	38	1654	—	32	8	7	896	85	1028
East ...	4	27	428	79	931	1165	2634	4	26	424	76	156	20	706	4	—	27	428	79	889	356	1783	—	7	2	3	705	32	742
South ...	—	56	884	355	1453	593	3341	—	54	847	315	492	34	1742	—	—	56	883	357	1443	239	2978	—	7	62	42	1495	289	1895
South East	—	—	400	157	697	17	1271	—	—	393	156	613	8	1170	—	—	—	400	157	688	20	1265	—	—	195	172	1899	140	2406
West ...	—	—	315	72	396	9	792	—	—	300	59	164	9	532	—	—	—	315	72	398	20	805	—	—	10	7	459	54	530
Wallsend	—	6	280	55	587	727	1655	—	6	277	53	8	3	347	—	—	6	280	55	584	3	928	—	—	2	5	514	33	554
TOTALS	...	4	336	3197	835	5518	2996	4	329	3044	746	1794	96	6013	4	336	3196	837	5457	720	10550	—	45	299	246	6931	728	8249	

TABLE 18.
AMBULANCE SERVICE.
AMBULANCES AND SITTING CASE CARS.

AREA	FIRST QUARTER			SECOND QUARTER			THIRD QUARTER			FOURTH QUARTER			TOTAL		
	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.	J.	P.	M.
North No. 1 ...	720	2,779	41,616	732	2,595	42,072	709	2,659	42,596	634	2,253	39,250	2,795	10,286	165,534
North No. 2 ...	748	3,050	41,296	701	2,475	34,466	714	2,427	34,871	736	2,516	38,339	2,899	10,468	148,972
Central ...	2,585	9,500	72,892	2,611	9,639	73,501	2,763	9,173	77,356	2,582	9,930	74,752	10,541	38,242	298,501
East ...	1,773	7,249	48,752	1,813	6,753	47,978	1,838	5,993	46,224	1,845	7,359	49,317	7,269	27,354	193,271
South East ...	1,823	6,755	46,792	1,848	6,304	44,363	1,894	6,424	45,267	1,830	7,331	48,690	7,395	26,814	185,112
South ...	2,921	12,714	86,037	2,879	12,901	84,147	3,125	13,831	91,844	3,153	14,903	92,307	12,078	54,349	354,335
Wallsend ...	1,578	5,403	23,791	1,574	4,859	23,849	1,620	4,363	21,945	1,597	5,509	24,229	6,369	20,134	93,814
West ...	1,347	5,460	47,110	1,351	5,880	47,017	1,353	6,140	46,233	1,298	5,759	44,242	5,349	23,239	184,612
Total ...	13,495	52,910	408,286	13,509	51,406	397,393	14,016	51,010	406,336	13,675	55,560	411,136]	54,695	210,886	1,623,151

AMBULANCE CAR SERVICE

North No. 1 ...	453	1,810	26,445	391	1,636	22,710	360	1,504	22,477	369	1,357	21,070	1,573	6,307	92,720
North No. 2 ...	24	161	613	35	234	926	28	233	836	40	291	945	127	919	3,320
Central ...	188	777	9,265	195	876	10,093	155	811	8,466	177	803	8,172	715	3,267	35,996
West ...	625	3,363	35,643	579	3,096	30,781	569	3,256	32,173	657	3,608	37,936	2,430	13,323	136,533
South ...	117	1,167	4,470	138	1,251	4,985	149	1,378	6,670	190	1,452	7,904	594	5,248	24,029
Total ...	1,407	7,278	76,436	1,338	7,093	69,495	1,261	7,182	70,622	1,433	7,511	76,027	5,439	29,064	292,580
Total Ambul- ance Service	14,902	60,188	484,722	14,847	58,499	466,888	15,277	58,192	476,958	15,108	63,071	487,163	60,134	239,950	1,915,731

J—Journeys. P—Patients. M—Mileage.

TABLE 19.

AMBULANCE SERVICE STATISTICS.

STATIONS.	VEHICLES	JOURNEYS	PATIENTS	MILEAGE
Alnwick	3	1,845	6,632	84,139
Ashington	6	6,108	19,688	127,796
Bedlington	5	3,498	13,894	102,090
Berwick	3	1,976	6,340	76,286
Blyth	4	3,771	13,460	90,181
Broomhill	3	1,437	6,449	76,645
Morpeth	4	2,996	12,105	94,060
Prudhoe	1	694	3,303	22,533
Seaton Delaval ..	4	3,065	11,006	83,657
Throckley	5	4,372	20,551	128,238
Wallsend	4	6,369	20,134	93,814
Whitley Bay	4	4,330	15,808	101,455
Wideopen	7	7,012	30,495	203,564
<i>Agency Service—</i>				
Smiths, Thropton	2	1,054	3,836	64,833
British Red Cross Society ..	9	4,267	20,013	206,122
St. John Ambulance Brigade ..	1	1,829	6,979	66,133
Henderson, Alston	1	72	193	1,605

DETAILS OF PERSONS CARRIED.

Year.	Accident and Emergency Stretcher Cases.	Accident and Emergency Other Cases	Treatment including Maternity Cases.	Others	Total Patients Carried.	Relatives Carried	Total No. of Persons Carried.
1961	5,227	6,134	181,323	2,778	195,462	62,987	258,449
1962	5,139	5,825	179,549	4,483	194,996	63,011	258,007
1963	5,536	5,777	190,566	4,110	205,989	64,656	270,645
1964	5,972	5,563	193,735	5,409	210,679	64,164	274,843
1965	6,090	5,530	191,870	7,396	210,886	60,561	271,447

TABLE 20.
HOME HELP SERVICE.

Area.	Number of cases assisted.		Home Helps employed at 31st December.	
	Full-time	Part-time	Full-time	Part-time
North No. 1	—	141	—	32
North No. 2	—	229	—	58
East	2	737	—	115
Central	3	585	1	117
South	16	872	—	193
South-East	16	1,101	1	151
West	2	322	—	121
Wallsend.. ..	—	403	—	91
TOTALS	39	4,390	2	878

TYPES OF CASE ASSISTED.

	Full-time	Part-time	Total	Total for 1964
Confinement	32	137	169	182
Acute Illness	6	258	264	196
Old Age and Chronic illness	1	3,855	3,856	3,561
Blind	—	87	87	81
Tuberculosis	—	33	33	33
Mentally Disordered ..	—	12	12	—
Problem cases including children in absence of mother ..	—	8	8	16
TOTALS	39	4,390	4,429	4,069

The number of Home Helps employed compared with last year was :

	Full-time	Part-time	Total
31st December, 1965	2	878	880
31st December, 1964	5	890	895

TABLE 21.
MENTAL HEALTH SERVICE.

Number of mentally ill patients dealt with by Mental Welfare Officers under the Mental Health Act, 1959 :—

	Male	Female	Total
Admitted for Observation (Section 25)	26	54	80
Admitted for Treatment (Section 26)	13	31	44
Admitted for Observation in cases of Emergency (Section 29)	42	76	118
	81	161	242

SUMMARY OF VISITS MADE BY MENTAL WELFARE OFFICERS.

District.	Population (Esti- mated).	Subnormal and Severely Subnormal.	Mental Illness.	Social Welfare.	Total.
Alnwick	39,195	186	489	358	1,033
Ashington	117,165	526	662	763	1,951
Berwick	27,310	157	363	95	615
Blyth	123,350	357	662	1,214	2,233
Hexham	52,760	279	368	297	944
South North- umberland	138,650 ..	895	1,442	802	3,139
	498,430	2,400	3,986	3,529	9,915

TABLE 22.
NUMBER OF PERSONS UNDER LOCAL HEALTH AUTHORITY CARE AT 31ST DECEMBER, 1965.

	Mentally Ill				Psychopath				Subnormal and Severely Subnormal				Totals				GRAND TOTAL
	Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		Under Age 16		16 and Over		
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
(a) Total Number	—	—	90	91	—	—	2	—	111	82	265	266	111	82	357	357	907
(b) Attending Day or Residential Training Centres	—	—	—	—	—	—	—	—	84	55	70	74	84	55	70	74	283
(c) Awaiting training in Day or Residential centres...	—	—	—	—	—	—	—	—	4	4	4	1	4	4	4	1	13
(d) Receiving home visits and not included in (b) and (c) ...	—	—	90	91	—	—	2	—	23	23	191	191	23	23	283	282	611

TABLE 23.

WELFARE OF BLIND AND OTHER HANDICAPPED PERSONS

REGISTER OF BLIND PERSONS.

Total — 31st December, 1964	728	
Names added to register :—		
New cases	68	
New cases transferred from register of Partially Sighted	17	
	—	85
Transfers In		12
		—
		97
		<hr/>
		825
Names removed from register :—		
Deaths		98
Decertified		5
Transfers out		12
		—
		115
		<hr/>
Total — 31st December, 1965 ..		710
		<hr/>

REGISTER OF PARTIALLY SIGHTED—

Total — 31st December, 1964	259	
Names added to register :—		
New cases	41	
Transferred from register of Blind	2	
	—	43
Transfers In		4
Recertified		1
		—
		48
		<hr/>
		307
Names removed from register :—		
Deaths		26
Transfers to register of Blind		17
Transfers Out		4
Decertified		5
		—
		52
		<hr/>
Total — 31st December, 1965		255
		<hr/>

HOME TEACHERS' VISITS—

Social visits (blind)	5,715
Social visits (partially sighted)	1,094
To give lessons	581
To investigate new cases	141
To accompany patients to hospital, etc.	84
Special visits	1,304
To homes and hospitals	491
Conveyance to clubs	613
	<hr/>
	10,023
	<hr/>

CHILDREN.

On 31st December, 1965, the children on the register were classified as follows :—

							Blind	Partially Sighted
Under 5—								
At home..	..	..	..	..	..	..	—	1
In hospital	..	..	..	..	..	..	1	—
5 — 15—								
Attending special schools	..	..	..	..	..	..	9	21
Attending other schools	..	..	..	..	..	..	—	3
Left school at 15	..	..	..	..	..	..	—	1
Ineducable	..	..	..	..	..	..	5	2
							—	—
							15	28

REGISTER OF GENERALLY HANDICAPPED

Total — 31st December, 1964 .. 995

Names added to register :—

New cases	..	..	..	..	..	..	183	
Transfers In	..	..	..	..	..	..	5	
							—	188
								1,183

Names removed from register :—

Deaths ..	..	..	..	..	..	..	54	
Left district and Miscellaneous removals from register	..	..	..	..	..	..	26	
							—	80

Total — 31st December, 1965 .. 1,103

VISITS PAID

Social welfare to handicapped	..	..	..	..	..	..	5,460
Visits on behalf of handicapped	..	..	..	..	..	..	975
							6,435

REGISTER OF DEAF AND HARD OF HEARING

Total — 31st December, 1964 .. 296

Names added to register :—

New cases	..	..	..	..	..	..	4	
Transfers In	..	..	..	..	..	..	2	
							—	6
								302

Names removed from register :—

Deaths ..	..	..	..	..	..	..	4	
Transfers Out	..	..	..	..	..	..	11	
							—	15

Total — 31st December, 1965 .. 287

VISITS PAID BY STAFF OF NORTHUMBERLAND AND DURHAM MISSION

At home	..	..	..	..	..	..	..	664
In Hospitals	..	..	..	..	..	..	..	98
At work	..	..	..	..	..	..	..	67
On behalf of deaf..	..	..	..	..	..	..	..	270
								1,099

(In addition, home teachers in the North and West paid 101 visits to deaf persons).

TABLE 24

GENERAL HANDICAPPED—CLASSIFICATIONS
(including Children under 16)

		Total on register 31st December	New cases registered during year
A/E	Amputation	98	23
F	Arthritis and rheumatism	127	25
G	Congenital deformities	85	11
H/L	Diseases of the digestive and genito- urinary systems ; of the heart or circul- atory system ; of the respiratory system (other than tuberculosis) and of the skin :—		
	Asthma	12	2
	Bronchitis and bronchiectasis.. ..	14	5
	Valvular disease of the heart, angina pectoris, cardiac degeneration, Myo- carditis, rheumatic heart, mitral stenosis	33	5
	Gastric and duodenal ulcers	1	—
	Miscellaneous	6	2
		—	66
Q/T	Injuries of the head, face, neck, thorax, abdomen, pelvis or trunk injuries or diseases (other than tuberculosis) of the upper or lower limbs and of the spine :— Paralysis due to injury or disease ;		
	Paraplegia	75	9
	Osteomyelitis	5	2
	Muscular atrophy, dystrophy	27	6
	Miscellaneous injuries	87	17
		—	194
V	Organic nervous diseases :—		
	Disseminated Sclerosis.. .. .	114	17
	Epilepsy	63	6
	Lateral Sclerosis	—	—
	Parkinson's Disease	22	5
	Post Poliomyelitis	89	9
	Cerebral Palsy (spastic)	90	4
	Cerebral Thrombosis	21	5
	Hemiplegia	71	22
	Encephalitis Lethargica	5	1
	Miscellaneous	24	3
		—	499
U/W	Neurosis, psychosis and other nervous and mental disorders (not included in V)	8	1
Y	Tuberculosis (non-respiratory)	8	1
Z	Miscellaneous	18	2
		1,103	183

TABLE 25.
HOUSING.

COUNTY DISTRICTS.	NEW HOUSES COMPLETED DURING 1965.				TOTAL 1964.
	Local Authority.	Other Housing Authority.	Private.	Total.	
<i>Municipal Boroughs—</i>					
Berwick	37	—	1	38	—
Blyth	124	—	25	149	118
Morpeth	16	—	80	96	81
Wallsend	—	—	—	—	109
Whitley Bay	2	—	86	88	149
<i>Urban Districts—</i>					
Alnwick	31	—	1	32	37
Amble	—	—	13	13	21
Ashington	141	—	36	177	136
Bedlingtonshire	58	—	77	135	257
Gosforth	47	—	99	146	75
Hexham	25	—	52	77	58
Longbenton	80	—	159	239	89
Newbiggin by the Sea	108	—	6	114	31
Newburn	34	—	251	285	446
Prudhoe	50	—	49	99	54
Seaton Valley	242	—	311	553	221
Boroughs and Urban Districts Total	995	—	1,246	2,241	1,882
<i>Rural Districts—</i>					
Alnwick	24	50*	23	97	24
Belford	50	4	14	68	20
Bellingham	—	—	7	7	10
Castle Ward	14	254†	176	444	601
Glendale	8	—	5	13	27
Haltwhistle	—	—	7	7	1
Hexham	6	—	40	46	131
Morpeth	6	—	87	93	112
Norham and Islandshires	—	—	3	3	6
Rothbury	12	—	4	16	11
Rural Districts Total	120	308	366	794	943
TOTALS	1,115	308	1,612	3,035	2,825

* Royal Air Force

† Newcastle Corporation

TABLE 26.
SLUM CLEARANCE.

COUNTY DISTRICTS.	Formal Action.		Discon- tinued Inform- ally.	Deducthouses in Col. 1 prev- iously report- ed as 'Closed	Total Discontinued
	Demol- ished	Closed not Demolished.			
<i>Municipal Boroughs—</i>					
Berwick upon Tweed ..	12	—	1	—	13
Blyth	2	11	—	—	13
Morpeth	11	2	—	—	13
Wallsend	27	5	—	—	32
Whitley Bay	1	—	—	—	1
<i>Urban Districts—</i>					
Alnwick	3	7	—	—	10
Amble	—	2	—	—	2
Ashington	2	1	—	—	3
Bedlingtonshire ..	34	48	2	19	65
Gosforth	5	—	35	—	40
Hexham	3	5	1	3	6
Longbenton	26	1	—	—	27
Newbiggin by the Sea ..	5	2	—	3	4
Newburn	95	54	—	67	82
Prudhoe	43	1	2	—	46
Seaton Valley	126	2	—	—	128
Boroughs and Urban Districts Total ..	395	141	41	92	485
<i>Rural Districts—</i>					
Alnwick	8	2	—	—	10
Belford	—	5	—	—	5
Bellingham	—	—	10	—	10
Castle Ward	2	—	—	—	2
Glendale	6	8	—	—	14
Haltwhistle	—	—	—	—	—
Hexham	—	5	—	—	5
Morpeth	1	5	8	1	13
Norham and Islandshires	20	—	—	—	20
Rothbury	—	—	—	—	—
Rural Districts Total ..	37	25	18	1	79
TOTALS	432	166	59	93	564

TABLE 27.

IMPROVEMENT GRANTS—(I) Standard Grants.

COUNTY DISTRICTS.	Number of separate houses for which grants were made.	
	During 1965.	Total to Date.
<i>Municipal Boroughs—</i>		
Berwick upon Tweed	10	37
Blyth	28	58
Morpeth	16	71
Wallsend	32	298
Whitley Bay	12	35
<i>Urban Districts—</i>		
Alnwick	4	38
Amble	3	19
Ashington	20	83
Bedlingtonshire	10	56
Gosforth	30	112
Hexham	11	39
Longbenton	8	85
Newbiggin by the Sea	13	83
Newburn	33	184
Prudhoe	4	16
Seaton Valley	21	133
Boroughs and Urban Districts Total ..	255	1,347
<i>Rural Districts—</i>		
Alnwick	33	156
Belford	1	31
Bellingham	—	19
Castle Ward	11	46
Glendale	10	149
Haltwhistle	5	73
Hexham	30	86
Morpeth	12	68
Norham and Islandshires	1	20
Rothbury	1	28
Rural Districts Total	104	676
TOTALS	359	2,023

NUMBER OF HOUSES PROVIDED WITH

	Bath or Shower	Washhand Basin	Hot Water Supply	Water Closet	Food Store
1965	218	232	211	320	185
Total to Date.. .. .	1324	1510	1256	1459	1084

IMPROVEMENT GRANTS—(2) Discretionary Grants.

COUNTY DISTRICTS.	Applications dealt with during 1965.			Total approved to date.
	Submitted to Local Authority.	Rejected.	Approved.	
<i>Municipal Boroughs—</i>				
Berwick	22	1	21	175
Blyth	25	—	25	321
Morpeth	8	1	7	158
Wallsend	36	—	36	429
Whitley Bay	5	1	4	33
<i>Urban Districts—</i>				
Alnwick	12	1	11	124
Amble	15	—	15	223
Ashington	232	—	232	1,916
Bedlingtonshire	38	—	38	954
Gosforth	—	—	—	—
Hexham	14	—	14	177
Longbenton	12	1	11	234
Newbiggin by the Sea	15	—	15	185
Newburn	7	—	7	285
Prudhoe	5	—	5	147
Seaton Valley	25	—	25	176
Boroughs and Urban Districts Total	471	5	466	5,537
<i>Rural Districts—</i>				
Alnwick	11	Grants dis- continued March '65	2	443
Belford	8		8	243
Bellingham	19		19	247
Castle Ward	9		9	480
Glendale	10		10	583
Haltwhistle	17		17	289
Hexham	62		62	1,074
Morpeth	16		16	562
Norham and Islandshires	14		14	277
Rothbury	11		11	348
Rural Districts Total	177	—	168	4,546
TOTALS	648	5	634	10,083

